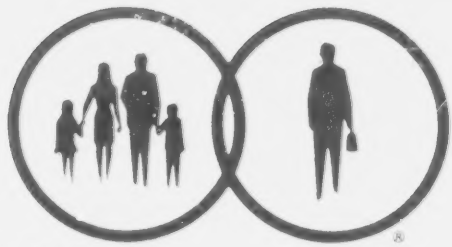
A Report on

Lifestyles/Personal Health Care in Different Occupations

A Study of Attitudes and Practices

Business Executives
Family Physicians
Farmers
Garment Workers
Secretaries
Teachers



THE AMERICAN ACADEMY OF FAMILY PHYSICIANS

Conducted by Research & Forecasts, a subsidiary of Ruder & Finn, Inc.

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EXPLANATORY NOTES:

The following abbreviations have been used throughout the report:

Exec, E--Business Executives
Phys, P--Family Physicians
Frmr, F--Farmers
GW, G--Garment Workers
Secy, S--Secretaries
Tchr, T--Teachers

As a result of rounding off percentages, "total" percentages in some cases add up to 99% or 101%.

(No.) is used to indicate the total number of respondents who answered any given question.

Understanding living patterns which affect health -- and developing methods of motivating people to make changes in them -- are issues which have long concerned The American Academy of Family Physicians. We believe it is not merely the length of life but the total quality of life which deserves our attention.

As a consequence, the present study was undertaken to identify certain lifestyle patterns in representative groups of people in our society; to examine these patterns in the context of work and health and to see how they differ. Choosing groups according to occupation made sense to us for at least two major reasons:

- much of our waking lives and of our identities are tied up in the work we do;
- the work environment is a logical place to look for some of the stresses which affect both lifestyle and health.

In this initial phase of what we conceive to be an ongoing study, it has not been possible to produce "final" scientific answers to a host of very complex questions. Rather, it has been our aim to gather pertinent data on a variety of subjects of growing concern to the American public, data we hope will prove helpful to all those who would find better ways of making our lives both happier and healthier.

FOREWORD

It has long been a fundamental belief of the Academy that the patient and physician are essentially partners in health; and that each must accept responsibilities to that partnership. The following report helps to make clear some of the demands and implications of this belief, pushing ahead into new territory. This is particularly fitting just now, because the report and the project it deals with come during the 10th anniversary of the medical specialty of family practice. The new direction that the study findings may portend, with their implications for the advancement of the public health, are most appropriate ways to observe this milestone.

We of the Academy would like to thank the officers and members of the six groups who so kindly agreed to participate in this study: the American Management Associations, the National Grange, the International Ladies' Garment Workers Union, The National Secretaries Association and the American Federation of Teachers. And, of course, we are grateful to those of our own members who participated.

Wallace E. Mathews, M.D.
Chairman of the Board,
American Academy of Family Physicians

W. Jack Stelmach, M.D.
President,
American Academy of Family Physicians

Look to your health; and if you have it, praise God, and value it next to a good conscience; for health is the second blessing that we mortals are capable of; a blessing that money cannot buy.

Izaak Walton

Life is not living, but living in health.

Martial

I suppose I really believe work and life are one.

Jean Renoir

A conviction of the close connection between life and health, life and work, underlies the present study. It was commissioned to determine how different occupational groups approach the question of health and how they vary as to lifestyle -- what their attitudes and practices are regarding diet, drugs, sex, exercise and the like.

Six groups were chosen, representing a spectrum of social, educational and economic circumstances. Three of these groups consist mainly of men (business executives, family physicians, and farmers), three mainly of women (garment workers, secretaries, and teachers). Approximately 1,500 individuals in each group were sent a lengthy questionnaire, and the return rates ranged from 36% of the teachers to (56% of the secretaries). (For details see Methodology).

INTRODUCTION

The American Academy of Family Physicians knew from the outset that the findings would be only a first step toward further investigation. Consequently, the findings in this report are largely descriptive rather than interpretative, provisional rather than definitive. They are meant to serve as a guide to further inquiry, as a signpost along the path to better health education and public understanding.

It should be noted at the outset that while respondents in all six groups cover a considerable age range, this is largely a report on people in their "middle years." Mean ages range from 41 (for the teachers and executives) to 58 (for the farmers). It should also be remembered that those to whom the questionnaire were sent are members of professional organizations and unions; they tend to be stable, "career" workers.

A quick glance at the demographics of the six sample groups reveals the following:

Business Executives. The mean age is 41, their mean income $41,000 a year. 89% are male, 95% are white, 3% black, 2% Asian, Hispanic or other. 84% are married, and 81% have college or post-graduate educations.

Family Physicians. The mean age is 49, their mean income $49,000 a year. 94% are male. 92% are white, 4% Asian, 2% black, 2% Hispanic or other. 91% are married, and all have post-graduate educations.

Farmers. The mean age is 58, their mean income $15,000 a year. 84% are male. 99% are white, and 89% are married. 16% have college level educations.

Garment Workers. The mean age is 48, their mean income $10,000 a year. 86% are female. 74% are white, 10% Hispanic, 10% black; most of the remaining 6% are Asian. 66% are married, and 2% are college graduates.

Secretaries. The mean age is 45, their mean income $23,000 a year. Virtually all are female. 97% are white, 2% black, 1% Asian or other. 59% are married, and 15% have college educations.

Teachers. The mean age is 41, their mean income $26,000 a year. 66% are female. 82% are white, 11% are black, 4% Hispanic, 3% Asian or other. 67% are married, and 92% have college or post-graduate educations.

INTRODUCTION

The following report focuses on three areas of concern:

- The workplace and the home as sources of stress
- Personal lifestyles
- Health care

The questions it sets out to answer are these:

- How do these six groups differ with respect to work-related stress and home-related stress?
- What are the connections between stress and such aspects of lifestyle as smoking, drinking, exercise and the like?
- How do lifestyle patterns vary from group to group?
- What connections are there between stress and lifestyle, lifestyle and health?

Details on these concerns and questions will be found in the chapters which follow the Summary of Major Findings.

Those in the medical profession who wish to help Americans lead healthier lives -- and not merely to treat them after they become sick -- must pay greater attention to the patient's workplace and the stress it creates. The health education needed by the business executive differs from that needed by his or her secretary; the health education of garment workers demands a different perspective from that of farmers; teachers and even doctors themselves, to some extent -- have some learning to do about healthier lifestyles, and the relationship of lifestyle to stress and health.

This is the message which emerges from a study of LIFESTYLES/ PERSONAL HEALTH CARE IN DIFFERENT OCCUPATIONS. The stressfulness of the workplace for many Americans is considerable, and affects health both directly and indirectly. As a result there is a need for clearer understanding of the relationships between work, stress, lifestyle and health, and a recognition that those in differing occupations experience these relationships in distinctive ways.

The nature and structure of the workplace and the organizations which surround it must somehow be enlisted in a partnership with

the physician if a more integrated approach to healthy living is to be realized. Many of the habits which stand in the way of better health -- overeating and abuse of alcohol, to name only two -- are partly reactions to stress; and the work environment seems to be a leading source of the stress which fuels such habits.

It also seems clear, from the present study, that "happiness" is not a single, unitary phenomenon; little correlation exists between satisfaction with work, with health, with home and with sex life. Our feelings about these different sources of satisfaction are not integrated, and our efforts to deal with them thus remain compartmentalized. As these various strands of our lives remain isolated from each other, so do our efforts toward healthier lifestyles remain piecemeal. A first step toward better integration might very well be increased understanding of the connections between work, stress and health.

Major findings of this study, upon which such a conclusion rests, include the following:

STRESS AND WORK

- Despite the stress which stems from workload, deadlines and pressure from superiors, escape from such pressures is not a

major motivation for changing one's line of work, nor is it a cause of job unhappiness - suggesting a persistence of the "work ethic," and a belief that stress on the job is a normal part of employment.

- Among those motivations which are important considerations in changing jobs, achieving greater self-fulfillment is about as important as improved salary.

- While the stressfulness of the workplace varies considerably from occupation to occupation, all six groups surveyed indicate that the work environment is significantly more stressful than the home.

STRESS AND LIFESTYLE

- Smoking, drinking, sex, exercise and eating are all perceived as stress-related activities by varying proportions of the six occupational groups surveyed.

- Talking to a friend is a leading means of coping with stress for all six groups; so is eating (among the predominantly female groups) and exercising (among the physicians and executives).

SUMMARY

- Heavy drinkers and heavy smokers are most common among business executives, the group reporting the most stressful job; heavy drinkers are least common among farmers, and heavy smokers least common among garment workers, the two groups reporting the least stressful jobs.

STRESS AND HEALTH

- In addition to the indirect influences of stress on health through habits like smoking, there appear to be direct effects as well:

    - With an increase of the reported number of job stress factors comes increased incidence of such maladies as allergies, migraine headaches, backaches, muscle aches, tension, nervousness and anxiety.

    - When home problems increase in number, so does the incidence of depression, along with the difficulties just mentioned.

Related findings include the following:

WORK AND HOME

- Among those surveyed, farmers and family physicians like their jobs the most, garment workers and teachers the least.

- The workweek is shortest for garment workers, longest for physicians, suggesting there is little connection between the number of hours worked and how well one likes one's job.

- At home, money is the leading problem for four of the six occupations; but at work, salary is often outweighed by other factors as a source of stress.

- Garment workers, with the lowest income of the six groups, find money to be the biggest problem in all areas, both at home and at work, as a source of stress and of unhappiness, suggesting that up to a certain point, at least, earning enough to live on takes precedence over other problems.

- A leading cause of job unhappiness (as distinct from stress) is lack of appreciation at work.

- Family physicians spend three hours working for every hour spent with their families; garment workers spend two hours working for each hour spent with their families.

SUMMARY

- Even so, for all groups, family time is the chief form of leisure activity, outdistancing television, reading or hobbies.

- Teachers and physicians read the most, garment workers the least.

- Garment workers watch television the most, physicians the least.

LIFESTYLES

Overall, it is worth noting that the recurring theme of lifestyle patterns is the gap between belief and practice. We know what good health demands, more often than not, but our readiness to act upon that knowledge is lacking. Traditional explanations for this gap tend to focus on lack of will-power or other deficiencies of character; but the present study suggests the value of considering the workplace and its stresses as an equally valid explanation for the failure of behavior to match knowledge.

Findings on lifestyle patterns include the following:

- Half or considerably more of the respondents in each group would like to lose weight, many of them wanting to lose 10

pounds or more; but very few report dieting during the six months preceding the survey.

- On virtually all matters of nutrition, those who say they believe in this or that practice are more numerous than those who actually follow it, with the biggest gap between belief and practice existing among the garment workers.

- A belief in the physical harmfulness of alcohol has no effect as a deterrent to drinking; however, a belief in its immorality apparently does.

- The question of morality remains the leading issue when considering the potential dangers of sexual activity; psychological considerations come next, with physical considerations taking last place.

- Farmers hold the most traditional views on sexuality, followed by the secretaries.

- Business executives are the most convinced that sex is necessary to happiness, secretaries the least convinced.

- Homosexuality is presently perceived as less immoral than adultery.

SUMMARY

- Reported use of marijuana is uniformly low, ranging from about one in ten of the teachers down to near zero among the farmers and garment workers.

- Considerable majorities in all six groups consider marijuana both physically and psychologically harmful, and a majority of garment workers and farmers also consider it immoral.

- Fair numbers in all six groups have quit smoking cigarettes.

- Less than 5% of the respondents in any group report regular use of sleeping pills, tranquilizers, diet pills or pep pills.

- Almost all respondents in all six groups agree that exercise is important to health; but only a half to two-thirds of any group exercise twice a week or more.

- Walking is the leading form of exercise reported by all groups, but the pattern of exercise is otherwise considerably varied from occupation to occupation.

HEALTH

- For most respondents, overall satisfaction with a doctor's

services is more dependent on the physician's expression of a personal interest in the patient than on his explanation of diagnosis or treatment.

- Family physicians are less likely to have a personal physician than are those in the other five groups; they also report having the fewest physical examinations in the last five years.

IMPLICATIONS

The family physicians who are members of the AAFP are interested in finding ways to encourage healthier lifestyle habits -- ways of preventing illness before it becomes a problem in need of cure. The leading implication of this study is that physicians must pay closer attention to the working environments of their patients if they wish to have an effect on stress-related habits and problems. Indeed, it is reasonable to see this study suggesting the value of increased co-operation between the medical profession and those in charge of the American workplace if healthier lifestyles are to be learned and practiced.

It is apparent that better health education is needed, and the initiative for this education must come from those who feel the need and who understand the solutions. The concerned physician

is an essential element in this initiative. As is perhaps equally apparent, the importance of the "personal physician" -- the doctor who is close to the patient over a long period of time -- cannot be overestimated.

The kinds of education and advocacy which this study calls for demand a sensitivity to the patient's home and work environments which is not possible in an impersonal climate. It is doubly significant, therefore, that so many participants in this survey link their satisfaction with the doctor's service to the personal interest he or she shows in the patient.

Moreover, as respondents call for greater self-fulfillment when thinking of a change in jobs, so the physician who seeks to change the behavior pattern of patients must learn how to motivate and co-ordinate the achievement of more self-fulfilling lifestyles, with their attendant gains in healthier living. Bringing about changes in behavior is easier when the negative effects of stress and the positive values of the search for self-fulfillment are kept in mind.

As the workplace is so often a source of stress, so it can also be a source of self-fulfillment. Concern for the health and well-being of Americans cannot be separated from a concern about their work-lives and the joys and stresses stemming therefrom.

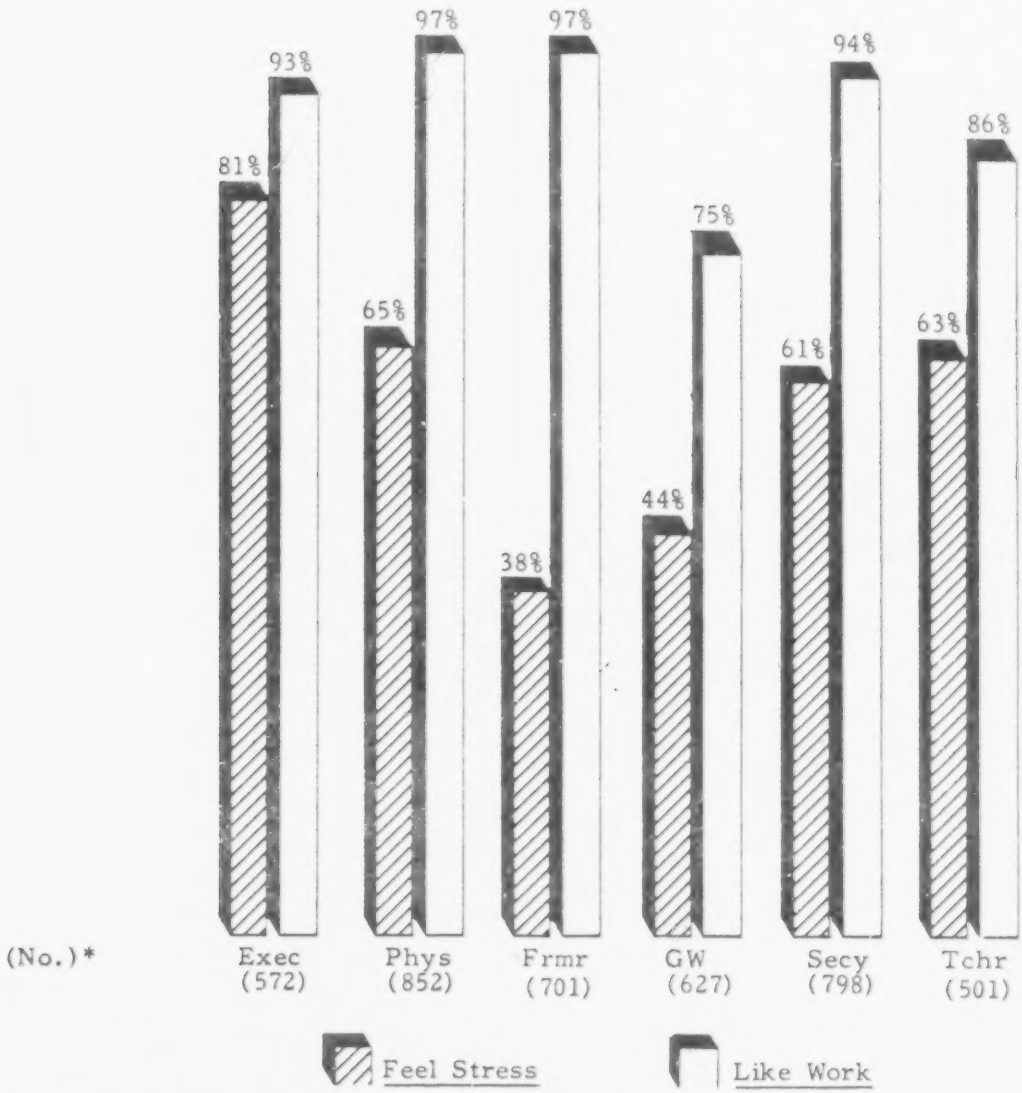
I. WORK

The survey on Lifestyles/Personal Health Care asked participants in each of its six occupational groups a variety of attitudinal questions about their work experience: how much did they like their work and their work environment, how stressful did they consider their jobs, what factors contributed most to job stress and job unhappiness? Respondents were also asked if they were optimistic about the future, if they worried much or felt blue, if, given the chance, they would "do it all differently," what would influence them most in changing jobs, and what alternative careers they were attracted to.

"How stressful is your work environment?"

"Do you like the work that you do?"

- % of total respondents who say "usually" or "always."



* There were slight but insignificant differences in the numbers answering each of these two questions. Numbers given in every case represent the lowest figure of the two.

Stress and Satisfaction on the Job

Work-related stress is by no means identical with unhappiness on the job. Indeed, while four-fifths of the executives and two-thirds of the physicians, secretaries and teachers say their work environment is usually or always stressful, 85% or more of these four groups also say they usually or always like their work and work environment.

Even among these four groups, of course, there is considerable variation. Family physicians who like their work only sometimes constitute a mere 3% of the sample, with four to five times as many teachers (14%) sharing this measure of reserve. But the real differences are with the farmers and garment workers.

Less than half of either group consider their work environment to be stressful as a rule, but after that the similarities end. Farmers join doctors in almost universally liking their work (97% usually or always), while more than a quarter of the garment workers (26%) say they only sometimes do so. This is almost twice again as many as among the teachers.

LEADING FACTORS (TOP 3) IN: WORK/HOME/STRESS

-% of total respondents who checked the following:

JOB STRESS	JOB UNHAPPINESS	CHANGING LINE OF WORK
Business Executives		
(58%) DEADLINES*	(13%) Appreciation	(51%) FULFILLMENT
(45%) WORKLOAD	(9%) Salary	(23%) SALARY
(33%) SUPERIORS	(Advancement	(10%) Pressure
	(8%) (Boredom	
	(Personality	
Family Physicians		
(49%) WORKLOAD	(8%) Overtime	(32%) PRESSURE
(25%) DEADLINES	(Appreciation	(31%) FULFILLMENT
(7%) Personality	(5%) (Salary	(10%) (Location
	(Boredom	(Salary
	(Personality	
Farmers		
(21%) WORKLOAD	(8%) (Appreciation	(34%) SALARY
(15%) Deadline	(Salary	(27%) FULFILLMENT
(10%) Salary	(5%) Advancement	(17%) Pressure
Garment Workers		
(25%) SALARY	(22%) SALARY	(56%) SALARY
(15%) Superiors	(17%) Appreciation	(18%) Fulfillment
(11%) Workload	(15%) Advancement	(14%) Pressure
Secretaries		
(48%) WORKLOAD	(19%) Advancement	(46%) FULFILLMENT
(46%) DEADLINES	(15%) (Appreciation	(33%) SALARY
(22%) SUPERIORS	(Salary	(8%) Pressure
Teachers		
(38%) WORKLOAD	(24%) APPRECIATION	(36%) FULFILLMENT
(27%) DEADLINES	(19%) Salary	(30%) SALARY
(24%) SUPERIORS	(14%) (Advancement	(10%) Pressure
(24%) SALARY	(Work Conditions	

* Factors in upper-case checked by 20% or more of respondents.

NOTE: Full data on each of these three questions will be found in Appendices A, B, and C.

Garment workers, like farmers, find their work considerably less stressful than do white collar workers and professionals; but garment workers are least likely to be happy with their jobs while farmers are among the most likely to be so. These divergences merely reinforce the absence of any obvious link between job stress and job unhappiness.

In short, work-related stress finds other means of expression, in most cases, than through work-related unhappiness.

Factors Important to Job Stress, Job Unhappiness, Changing Jobs

The relative independence of job unhappiness from work-related stress -- and the differences among these six occupational groups -- are seen more clearly in noting which factors are foremost for each group as perceived sources of job stress, job unhappiness, and as reasons for changing jobs.

Garment workers show the most consistency. In all three instances, salary considerations come first. As their annual family incomes tend to average around $10,000 -- well below any of the other five groups -- it is understandable why this should be so. It also suggests the validity of the proverbial notion that up to a certain level, at least, getting enough money to live on takes precedence

over virtually all other concerns.

Physicians show a decidedly different pattern. While half of them (49%) say that workload is a primary source of stress on the job -- and one-third (32%) would change jobs in order to experience less pressure -- only 8% indicate unhappiness about overtime. Moreover, better self-fulfillment (31%) is about as important a consideration in changing jobs as less pressure.

With executives, the gap is even greater. Deadlines (58%) and workload (45%) and pressure from superiors (33%) are all sources of job stress for considerable numbers of executives; yet their major source of job unhappiness is lack of appreciation; and even this factor is indicated by only 13% of the executives. In addition, despite the high percentages who see deadlines, workload and pressure from superiors as sources of stress, only 10% say they would change jobs for the sake of less pressure. Five times as many would do so to achieve a better sense of self-fulfillment.

For teachers as well, the leading sources of stress on the job are workload (38%), deadlines (27%) and pressure from superiors (24%); yet better self-fulfillment (36%) is again the major factor in changing jobs, with less than a third as many doing so to escape pressure (10%). For teachers as for executives, lack of

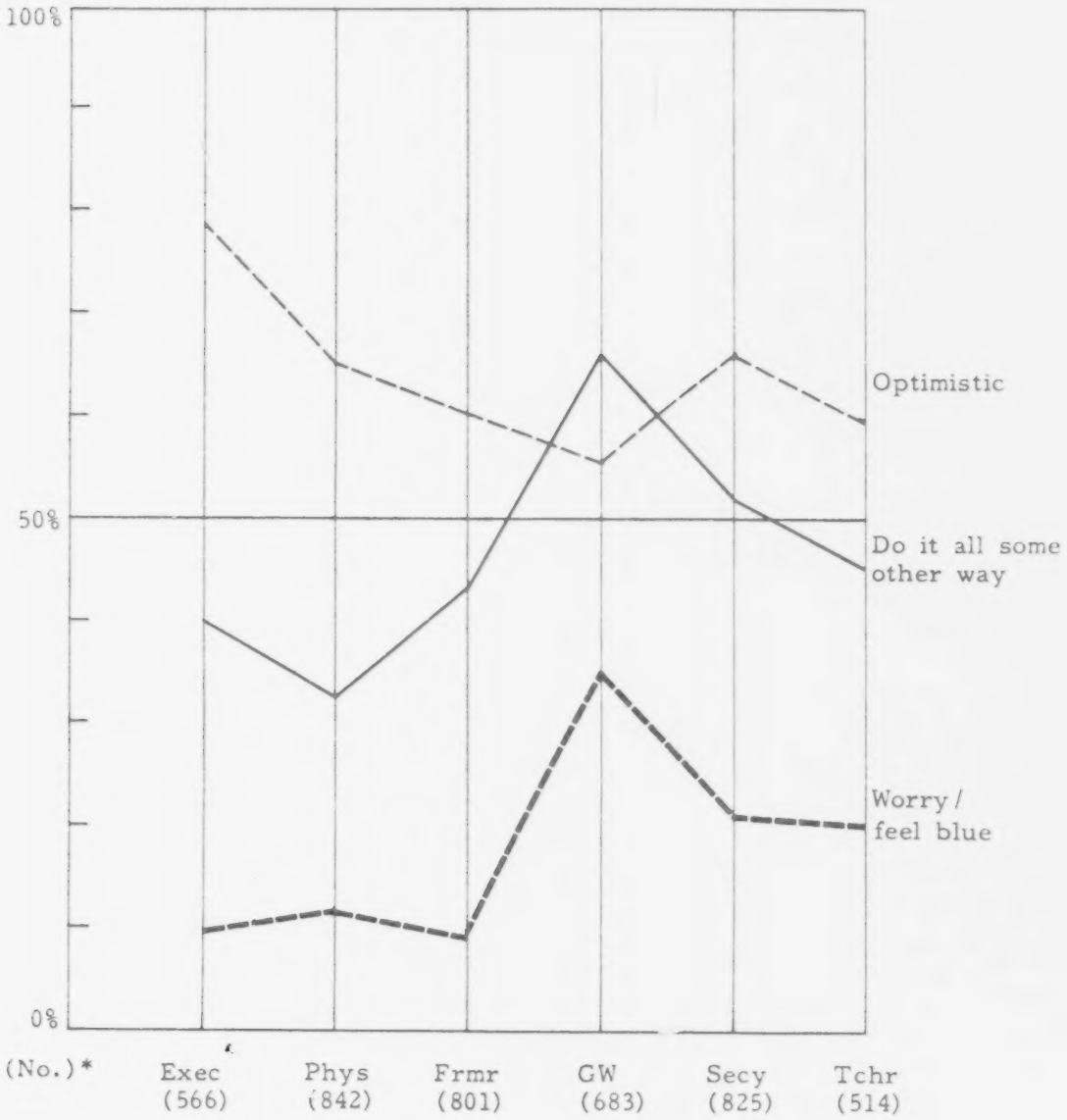
appreciation is the most frequently cited source of unhappiness at work.

Secretaries follow the same pattern, though their leading cause of job unhappiness, cited by 19% of them, is poor advancement opportunities. For them, achieving greater self-fulfillment (46%) is six times as important a consideration in changing jobs as escaping pressure (8%), even though nearly half the secretaries identify workload (48%) and deadlines (46%) as stress-producing aspects of their work.

For farmers as for garment workers, salary is a leading, though much more minor, source of job unhappiness -- 8% of the farmers citing this. A similar percentage cite lack of appreciation as a source of job unhappiness. Thirty-four percent of the farmers say salary would be a factor in changing jobs, but only 10% cite it as a source of job stress, twice as many mentioning workload (21%). These numbers are roughly the reverse of those for garment workers.

On balance it is clear that for most groups the reasons for changing jobs are not significantly related to the perceived stress factors of the workplace. Indeed, changing jobs to achieve greater self-fulfillment -- a major factor for four of the six groups -- might even be expected to increase responsibilities, and attendant

- "How do you feel about the future?"
- "Do you worry or feel blue much of the time?"
- "If you had your life to live over again, would you do most everything some other way?"



* There were slight but insignificant differences in the numbers answering each of these three questions. Numbers given in every case represent the lowest figure of the three.

workloads.

As stress does not register in unhappiness with one's work, it is not a leading cause for changing jobs, either.

It should be noted that workload -- a major factor in job stress for physicians, executives, teachers and secretaries -- is cited only half as frequently by the farmers as by these four groups. For garment workers it is a smaller problem still, being cited only a quarter as often.

Optimism, Feeling Blue, Doing It All Some Other Way

Executives are the most likely to be optimistic, nearly four-fifths of them saying they are moderately or very optimistic about the future. About two thirds of the physicians and secretaries share this attitude, as do slightly fewer of the farmers and teachers. Least optimistic are the garment workers, though better than half of them are at least moderately optimistic about the future.

Approached the other way, in terms of pessimism, the six occupational groups are more alike -- 4% of the executives and secretaries saying they are pessimistic about the future, about twice that rate saying so among the other four groups. The

remainder of each sample says it is neither optimistic nor pessimistic.

Family physicians, business executives, and farmers do not tend to worry or feel blue, only 10% indicating such a mental state "much of the time." For teachers and secretaries this rate doubles, and for garment workers it triples.

Three-fourths of the garment workers would "do it some other way" if given the chance. About half the secretaries would do likewise, as would 40 to 45% of the executives, farmers, and teachers. Only a third of the physicians would join them, however, suggesting that they are the most content with the lives they have made for themselves.

Respondents in all six occupations were asked to write in an answer to the question, "If you had it all to do over again, what other profession, career or line of work would you rather be in?" About half the secretaries took the opportunity to express themselves on the question, and teaching was the alternative career most often cited -- followed by business, medicine or nursing.

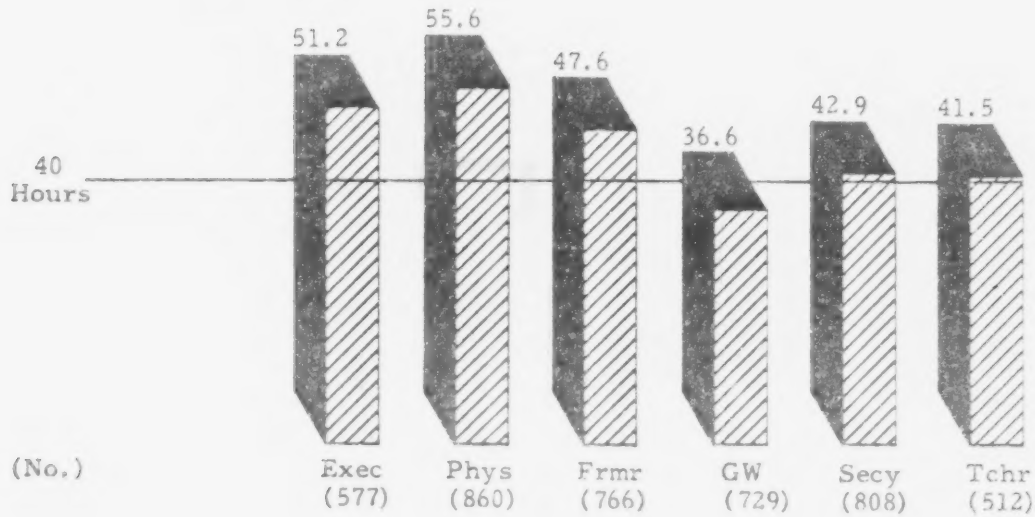
About two-fifths of the teachers also wrote in their choices, with "medical career" leading the list, followed by business or law.

About one-third of the executives chose to write in possible alternate careers, and the field of law was most often cited. Being self-employed or pursuing a medical career were second and third choices.

For the 30% of the garment workers who indicated an alternate line of work, clerical work and nursing led the list, followed by teaching.

Very few of the farmers (about one-fifth) indicated a preferred alternate career, but those who did gave teaching as a first choice most often, a medical career second. In like fashion, only 18% of the physicians stated any preferred alternative to their present line of work; but two of the top three choices given remained in the medical field: medical specialization, or dentistry.

The other leading alternative would be teaching.



Garment workers have the shortest workweek, which may account for some of their smaller concern over workload. Their average is 36.6 hours, or roughly seven hours per day, five days a week. Teachers (41.5 hours a week) come closest to the proverbial 40-hour week, followed closely by the secretaries (42.9). Both executives and physicians work more than 50 hours a week, with the figure passing 55 for the latter. This would suggest an 11-hour day, five days a week, for the doctors -- a workday more than half again as long as that of the garment worker.

Farmers are most likely to have a second job (22%), garment workers least likely (3%). Teachers -- who often have their summers free -- are next after the farmers, 19% reporting they have second jobs. About 10% of the secretaries and executives have second jobs, as do about 13% of the physicians.

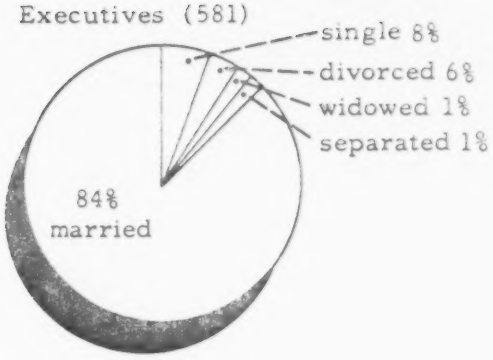
"Do you have a second job?"

	Exec	Phys	Frmr	GW	Secy	Tchr
% YES	9%	13%	22%	3%	10%	19%
(No.)	(573)	(857)	(757)	(748)	(809)	(514)

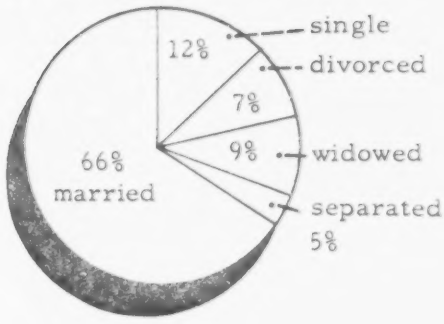
II. HOME

Respondents were asked a number of questions about their home life as well as those relating to their work life. Besides being asked their marital status, they were asked to measure their satisfaction with their home living arrangements. They were also asked what problems, if any, are frequent troubles in the home, and how they spent their leisure hours.

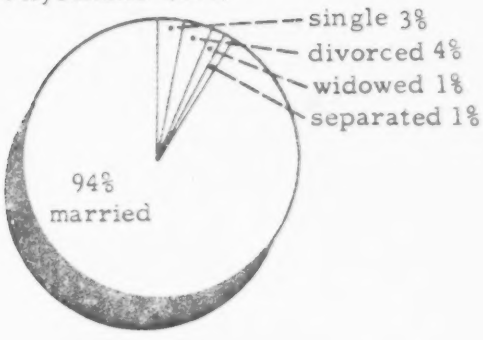
Executives (581)



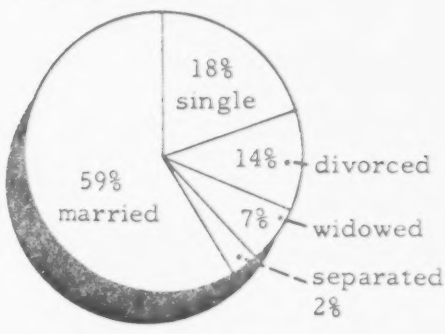
Garment Workers (786)



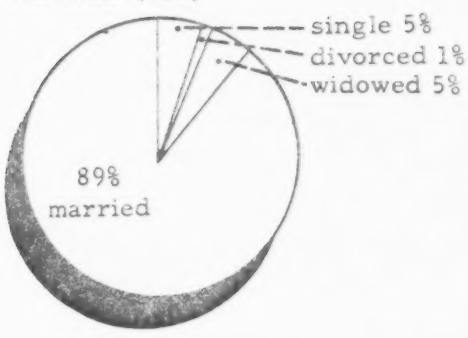
Physicians (868)



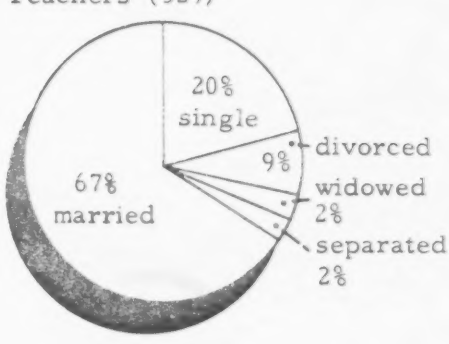
Secretaries (843)



Farmers (834)



Teachers (529)

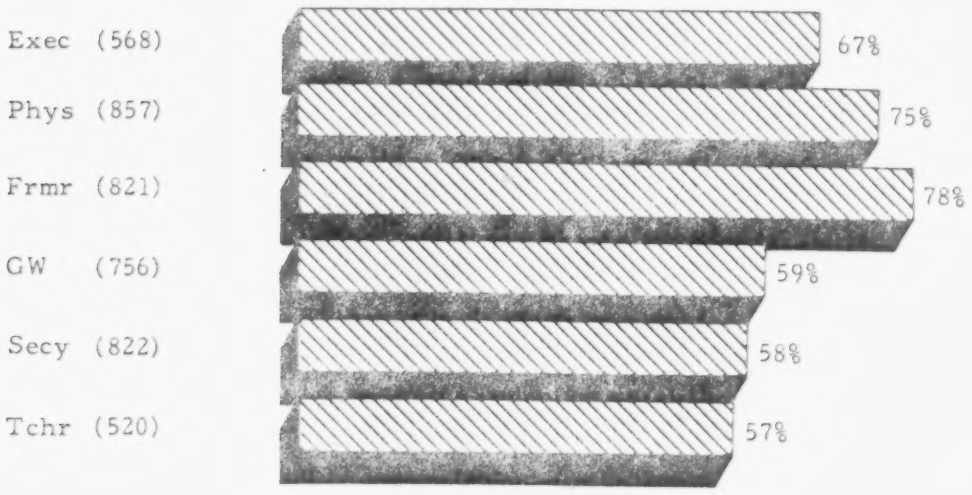


Two-thirds of the garment workers and teachers, almost 85% of the executives, and nine-tenths or better of the farmers and physicians are married. Secretaries constitute the "least married" sample (59%), with the highest proportion of divorced as well (14%). Roughly one-fifth of the secretaries and teachers are single -- six to seven times the rate for doctors, four times that for farmers, more than double the rate for executives.

Though the average age of the farmers is at least 10 years greater than that of the secretaries and garment workers, a smaller percentage are widowed.

"Are you content with your present living arrangement?"

- % who say "very content."



A clear majority in all six groups say they are very content with their living arrangements -- including two-thirds of the executives, three-fourths of the physicians, and nearly four-fifths of the farmers. Slightly less than 60% of the teachers, garment workers and secretaries report a comparable degree of high satisfaction. Even so, better than 95% of all six groups indicate they are at least fairly content with their living arrangements.

The general level of satisfaction with home life may be indicated by the much smaller percentages who checked off specific "problems at home" than checked off specific "job stress factors."

"Do you have any of the following problems at home?"

- Top four factors for each group, with % of total respondents who indicate each problem.

Executives
(18%) Spouse
(18%) Sex
(9%) Children
(9%) Money

Garment Workers
(23%) MONEY*
(15%) Fear of accident or illness
(12%) Loneliness
(10%) Fear of crime

Physicians
(16%) Spouse
(14%) Sex
(13%) Children
(10%) Money

Secretaries
(19%) Money
(17%) Spouse
(16%) Loneliness
(14%) Sex

Farmers
(12%) Money
(8%) Sex
(7%) Spouse
(5%) Fear of accident of illness

Teachers
(22%) MONEY
(17%) Spouse
(15%) Sex
(12%) Loneliness

* Factors in upper-case checked by 20% or more of respondents.

NOTE: Full data on this question will be found in Appendix D.

For example, whereas "workload" was checked by 49% of the physicians and 48% of the secretaries as a job stress factor, the highest percentages of either group who checked off any one home problem was 16% of the physicians ("spouse conflicts") and 19% of the secretaries ("money").

For family physicians, sex and children are about equal as a second most frequent type of home problem (about 13%). For business executives, spouse conflicts and sexual dissatisfaction are equal as a primary problem (18%), children and money equal as a secondary problem (9%).

For the other four groups, money is the leading problem in the home -- "making ends meet," as it were.

For teachers, conflicts with spouse and sexual problems come next; for secretaries, conflicts with spouse and loneliness tie for second place -- the latter perhaps a reflection of the considerable number of single or divorced women in the sample.

For farmers, sexual problems and conflicts with spouse are secondary to money problems. For the garment workers, the fear of accident or illness stands in second place, with loneliness close behind -- again, perhaps a reflection of the larger number of widowed, single or divorced people in the sample.

The overall consistency of most of these samples -- money, spouse conflicts and sexual difficulties leading most lists without great gaps between them -- is perhaps as noteworthy as the differences that do exist. That two-thirds of the farmers indicate no home problems -- and that more than half of the doctors and executives follow suit -- is interesting of itself.

Also noteworthy is the approximate equivalence in each sample between the percentages for whom money is a source of job stress and a problem at home. The difference is, that while it is the leading problem at home for all but the doctors and executives, it is considerably outweighed at work by other factors for all but the garment workers. In the context of home, it appears, money is a problem equaling or outdistancing all others; during working hours, however, the paycheck seems a much smaller issue, compared to deadlines and workloads, so far as perceived stress is concerned.

Overall, home problems do not loom as large for the six occupational groups as work problems. The exception is among the garment workers, for whom salary is the chief reason to consider changing jobs, the major source of job stress and job unhappiness, and the largest problem at home besides.

Time spent with the family takes up the largest single chunk of leisure hours for all six groups. Farmers do best by their families, averaging about 19 hours a week, with doctors doing poorest at about 16 hours a week.

For doctors, reading is the second most time-consuming activity at home. For all the other groups it is watching television. For all six of the samples, hobbies come in fourth place, behind the family, television, and reading.

In comparing the actual numbers of respondents in each group who bothered to answer the various portions of the question on leisure time, it is noteworthy that significantly smaller numbers marked any

"How much time do you spend with the following per week?"

		Exec	Phys	Frmr	GW	Secy	Tchr
WITH FAMILY	Hrs.	16.9	16.0	18.9	17.1	17.2	17.9
	(No.)	(547)	(818)	(734)	(628)	(742)	(469)
WATCHING TELEVISION	Hrs.	8.2	6.3	8.9	9.2	8.5	8.6
	(No.)	(558)	(832)	(762)	(682)	(797)	(512)
READING	Hrs.	7.9	7.9	6.5	5.1	6.6	8.1
	(No.)	(555)	(833)	(703)	(550)	(791)	(505)
WITH HOBBIES	Hrs.	4.7	5.0	5.9	4.9	4.6	5.4
	(No.)	(489)	(769)	(560)	(398)	(697)	(444)

answer at all for time spent on hobbies. A logical conclusion might be that significant numbers do not have any hobbies at all. The fall-off between those who reported their hours watching television, for example, and those who reported hours spent on hobbies ranged from 63 of the physicians to 284 of the garment workers.

Sleep

Garment workers, who work the shortest days, also get the least sleep per night, about 6.6 hours. Farmers get the most, at slightly more than 7 hours, with all the other groups getting slightly less than 7 hours a night.

"How many hours do you sleep in a day?"

	Exec	Phys	Frmr	GW	Secy	Tchr
AVERAGE HOURS	6.8	6.8	7.1	6.6	6.9	6.9
(No.)	(575)	(855)	(820)	(726)	(829)	(524)

III. STRESS

It would appear that for most of the six occupational groups surveyed, the workplace generates more stress than the home; nonetheless, that stress does not seem to be reflected in unhappiness with the workplace. How, then, is it expressed?

Respondents were asked to indicate the various activities they perceived as means through which they cope with stress. Their answers are shown in the following table.

"Which of the following do you do to cope with stress?"

- Top five activities for each group, with % of total respondents who indicate each activity.

Executives	
(48%)	EXERCISE*
(38%)	TALK
(23%)	MEDITATE
(21%)	EAT
(19%)	(Sex (Alcohol (Smoke cigarettes

Garment Workers	
(47%)	TALK
(19%)	Eat
(17%)	Smoke
(16%)	Meditate
(12%)	Exercise

Physicians	
(49%)	EXERCISE
(33%)	TALK
(27%)	MEDITATE
(22%)	EAT
(19%)	Sex

Secretaries	
(66%)	TALK
(30%)	EAT
(26%)	EXERCISE
(20%)	MEDITATE
(18%)	Smoke cigarettes

Farmers	
(36%)	TALK
(20%)	MEDITATE
(20%)	EXERCISE
(15%)	Eat
(10%)	Sex

Teachers	
(64%)	TALK
(34%)	EAT
(30%)	EXERCISE
(17%)	(Meditate (Smoke cigarettes (Take it out on others

* Activities in upper-case checked by 20% or more of respondents.

NOTE: Full data on this question will be found in Appendix E.

Talking with a friend is the chief means of coping with stress for four of the six groups. The exceptions are the physicians and executives, who see exercise as their primary coping mechanism. For the remaining groups, talking to a friend is cited in considerably varying degrees, however. About one-third of the farmers and two-thirds of the secretaries indicate their reliance on this method; so do half the garment workers and about three-fourths of the teachers.

While about half the family physicians and business executives note their reliance on exercise as a means of coping with stress, about a third also cite talking with a friend, giving this outlet second place for them.

For the female groups, the second most frequent means of coping with stress is eating -- a choice cited by 34% of the teachers, 30% of the secretaries, and 19% of the garment workers. For farmers, the second spot is occupied by meditating (20%).

Somewhat larger percentages of doctors and executives (27% and 23% respectively) also see meditation as a means of coping with stress, as do about 20% of the secretaries, 17% of the teachers and 16% of the garment workers.

While exercise is not as important to them as to the physicians and executives, it is nonetheless significant to 30% of the teachers, 26% of the secretaries, and 20% of the farmers as a way of relieving stress.

It is noteworthy that while talking to a friend is important for anywhere from one-third to three-fourths of the people in the various sample groups, very small fractions of these groups -- usually 5% or less - talk to a physician, a clergyman or a therapist in connection with stress.

While eating is less important to physicians, executives and farmers as a means of coping with stress, it is nonetheless cited by better than 20% of the former two and by 15% of the latter. Just under a fifth of the garment workers, teachers and secretaries also perceive smoking as an activity that is stress-related, and about a fifth of the doctors and executives perceive sexual activity in a similar fashion. About a fifth of the executives and slightly smaller percentages of the teachers and doctors also see the consumption of alcohol as a stress-induced activity, or as an activity indulged in as a way of coping with stress.

As is perhaps obvious, the various mechanisms through which people cope with stress have consequences for health. Exercise, for example, is generally agreed to be a positive factor in maintaining fitness, whereas tobacco and alcohol are generally agreed to be detrimental. And though good nutrition is important to health, stress-induced overeating is similarly likely to be detrimental.

As the means by which participants in this study cope with stress have both positive and negative effects on physical and mental well-being, these patterns -- and others which relate to the question of happiness and health -- are analyzed more closely in the following chapter on Lifestyles.

Correlations between satisfactions

Data on the responses of participants in this study to four questions regarding satisfaction -- with work, with health, with home and with sex life -- were correlated and put through a multiple regression analysis. The results (presented in Appendix H) provide an insight into the phenomenon loosely called "happiness." From such analyses it becomes apparent that correlation between any two of these kinds of satisfaction is fairly low. The highest correlation is between satisfaction with sex life and satisfaction with living arrangement, and there is remarkable consistency on this point for all occupational groups included.

In comparing any other of the pairs, however, the correlations are mostly minimal: which means that contentment at home and contentment at work, for example, can be mutually exclusive. Satisfaction in one area is not notably reflected by satisfaction in another.

While these preliminary results show correlations to be mostly minimal, they nonetheless raise some questions for further inquiry and reinforce the overall pattern of this study: occupational differences are reflected in almost all aspects of lifestyle and health. Among physicians, for example, there is a suggestion of some measurable connection between satisfaction with health and satisfaction with sex life.

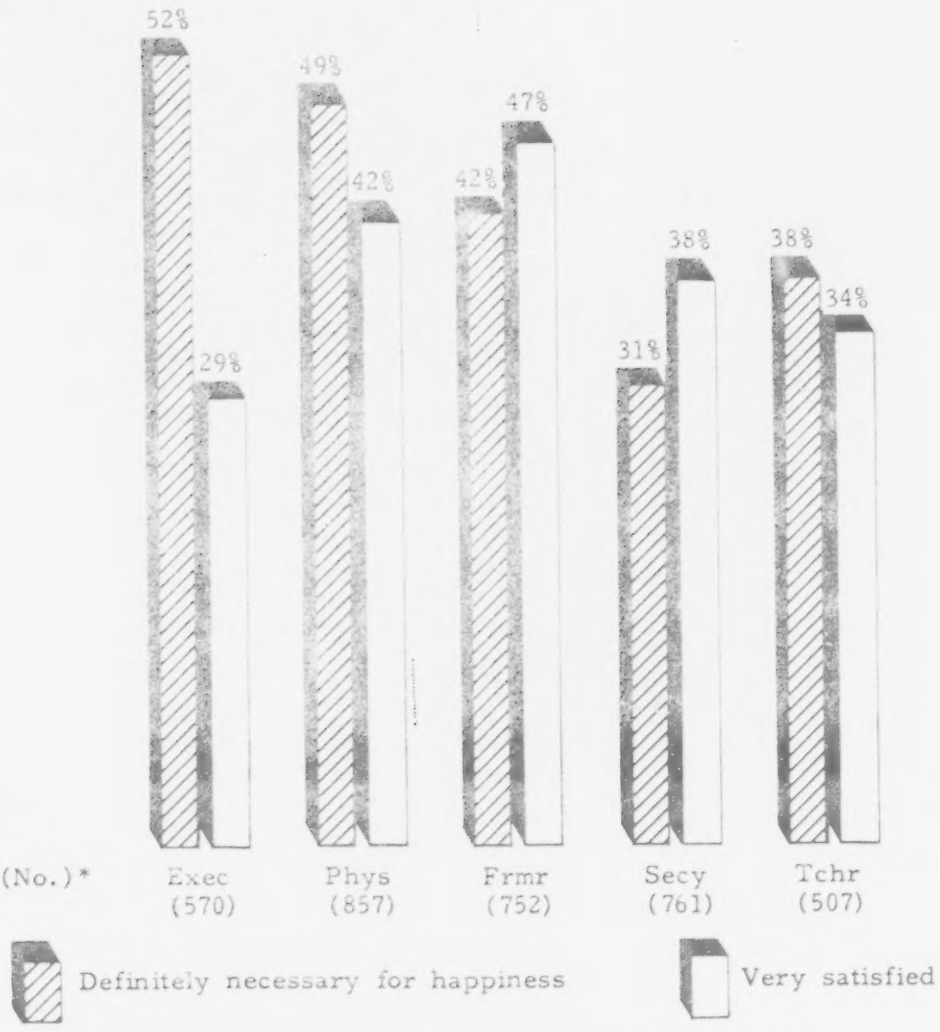
Among teachers, there is an equivalent suggestion of a connection between health and home. Among garment workers, there is a slightly stronger correlation between satisfaction with the work environment and satisfaction with home; and among farmers is some connection between work and health. For business executives as for secretaries, none of the correlations except the one between home satisfaction and sex life appears very strong at all.

A reasonable conclusion might be that awareness of the home situation without an equivalent awareness of the work situation provides an incomplete picture of the stresses to which an individual is subject.

Participants in this study were asked a number of detailed questions about different aspects of their lifestyles -- aspects which have direct or potential effects on health as well as on overall satisfaction with life. A comparison of their attitudes toward sex and sexual satisfaction is taken up first, followed by consideration of attitudes and practices regarding cigarette smoking, alcohol, marijuana and other drugs. Questions on diet, nutrition and exercise are also included, along with questions on religion and crime.

- "Do you feel that sex is necessary for your happiness?"

- "How satisfied are you with your sex life now?"



*There were slight but insignificant differences in the numbers answering each of these two questions. Numbers given in each case represent the lowest figure of the two.

The study on Lifestyles/Personal Health Care looked into two aspects of sexuality: the sexual satisfaction of the occupational groups surveyed*, as a possible correlative of work and home satisfaction, and their attitudes toward a variety of sexual practices in terms of physical, psychological and moral harm.

Besides asking respondents how satisfying they felt their sex lives to be, the questionnaire asked them to indicate the frequency of their sexual activities, and the degree of importance they attach to sex as an aspect of happiness. The last question is here considered first.

Is Sex Necessary for Happiness?

While there is almost no variance between the five samples in answering "Probably yes" to this question (about one-third), there is remarkable variance for those who answer "Definitely yes." More than half of the executives (52%) answer thus, while less than a third of the secretaries (31%) agree. Teachers (38%) and farmers (42%) are in the middle, with the physicians (49%) tending to side with the executives.

*(Note: the study addressed its questions on sexual satisfaction and attitudes to only five of the six occupational groups; the garment workers were not sent these questions, at the request of their union.)

Secretaries are twice as likely as the farmers and seven times as likely as the executives to say that sex is definitely not important to happiness. Combining those who say "Definitely no" and "Probably no," more than one-third of the secretaries (37%) are doubtful of a connection between happiness and sex. Twenty-six percent of the teachers and 23% of the farmers are in agreement.

Even so, about three-quarters or more of the physicians, executives, farmers and teachers judge sex to be probably or definitely important to happiness, with the executives in the lead at 87%.

Frequency of Sex

When asked about the frequency with which they engage in sexual intercourse, the five occupational groups divide up somewhat differently. Physicians and executives remain in the lead, averaging 1.7 and 1.6 times per week, respectively. Farmers, on the other hand, at 1.1 times per week, are the lowest -- with teachers (1.4) and secretaries (1.3) in the middle.

"How often have you had sexual intercourse in the past year?"

	Exec	Phys	Frmr	Secy	Tchr
NEVER	3%	3%	8%	18%	12%
LESS THAN ONCE A MONTH	10	9	19	16	13
1 TO 3 TIMES A MONTH	26	25	29	21	25
ONCE A WEEK	24	24	22	16	18
2 TO 4 TIMES A WEEK	36	34	20	26	28
5 OR MORE TIMES A WEEK	2	5	2	3	5
(No.)	(570)	(856)	(753)	(781)	(513)

In this case, however, averages do not tell the whole story. Perhaps the most reasonable comparison is on the basis of those whose frequency of sexual intercourse is once a week or more. Nearly two-thirds of the doctors and executives fall into this category (63% and 62%), as do half the teachers and somewhat less than half of the farmers and secretaries (44% and 45%).

On the other end of the scale -- those who have "Never" had sex during the past year -- secretaries are in the lead (18%), six times as numerous as the doctors and executives, and more than twice as numerous as the farmers. It should be recalled, of course, that the rate of unmarrieds is highest among the secretaries.

Satisfaction With Sex Life

In the light of these figures -- and the weight given to sex as a component of happiness -- the question of sexual satisfaction is more meaningful.

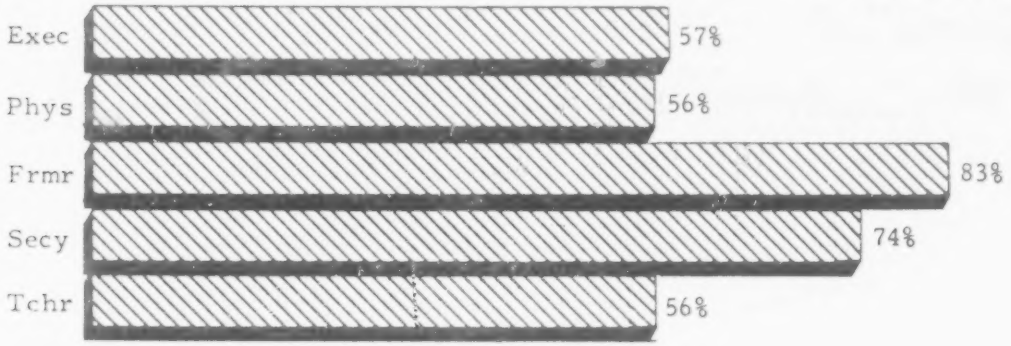
Farmers -- who are in the middle on the importance of sex and at the bottom with regard to frequency -- are at the top concerning satisfaction. 85% of them are "Moderately" or "Very satisfied"

with their sex lives, almost half of them (47%) in the latter category.

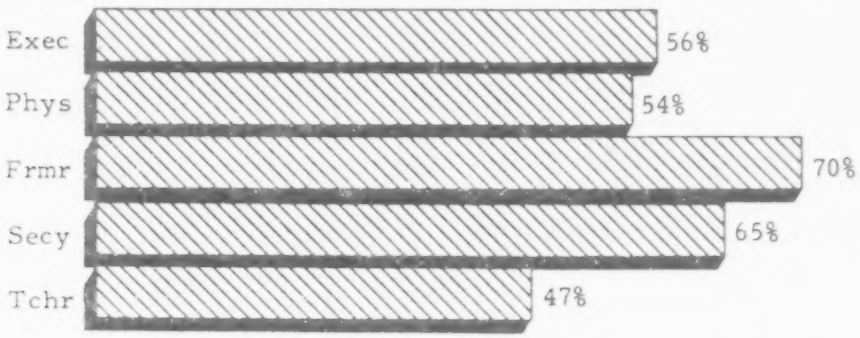
Executives, on the other hand -- more than half of whom judged sex to be "Definitely" important to happiness -- are the least likely to be very satisfied, only 29% falling into this category.

Some amelioration of the executive's position occurs when those who are "Moderately satisfied" are added in. With a combined total of 76% indicating at least moderate satisfaction with their sex lives, executives remain some distance behind the farmers (85%) and the physicians (82%), but slightly ahead of the secretaries (74%) and the teachers (72%).

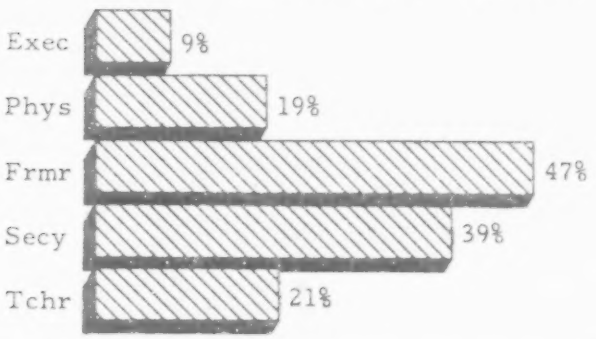
"Do you think extra-marital sex can be immoral?" (% who say yes)



"Do you think homosexual practices can be psychologically harmful?" (% who say yes)



"Do you think group sex can be physically harmful?" (% who say yes)



Note; Full data for all questions on sexual attitudes will be found in Appendix F.

Respondents in five of the six groups surveyed (garment workers again excepted) were given a list of six types of sexual activity -- masturbation, heterosexual intercourse, oral sex, homosexual practices, extra-marital sex and group sex. In each case they were asked to indicate if they thought the activity could be physically of psychologically harmful or immoral. (Representative graphs of responses to three of the eighteen questions involved are included in the facing Table; full data is in Appendix F.)

In all cases, the potential for psychological harm is judged to be greater than the potential for physical harm; and in two-thirds of the cases the moral issue outweighs even the psychological. For the farmers, the moral issue draws the largest response on all six questions; for secretaries, it draws the largest response on four of them. For physicians as for executives, the moral issue outweighs the psychological in half the cases. Only among the teachers is the psychological issue foremost (4 cases out of 6).

Overall, it is also fair to say that group sex is judged the most potentially harmful and immoral of the six practices in question, with masturbation the least. Executives appear the least troubled, overall, on sexual questions, followed fairly closely by the teachers and physicians. Farmers are by far the most concerned about the potential harmfulness or immorality of various sexual practices; their concern is usually double that of the secretaries and often

several times that of the other groups.

Except for the farmers (and in lesser measure the secretaries) masturbation and oral sex are apparently not issues of much concern. Large numbers indicate their agreement on potential physical or psychological harmfulness or immorality only with regard to homosexual practices, extra-marital and group sex.

Perhaps surprisingly, the immorality of extra-marital sex is perceived by all five groups of respondents as measurably greater than that of homosexual practices. The leading danger of the latter -- in the eyes of physicians, executives and teachers, at least -- is psychological rather than moral.

It is perhaps fair to say that, in the eyes of respondents to this survey, the potential dangers of sexual activity are perceived very largely in terms of the mind or even of the soul, and not in terms of the body. From this it follows that programs intended to increase public awareness of the health aspects of sexuality must take into account those moral and psychological dimensions which constitute the basic frame of reference for most people's thoughts on sexual activity.

While the moral and psychological dangers of particular sexual activities are judged to outweigh their potential physical harm, the reverse is the case with birth control. Respondents in all five groups are far more concerned about the potential physical harm of IUD's and the pill than about the psychological or moral ramifications of their use. Except for the farmers, less than a tenth of the respondents indicate any moral reservations about either.

As a glance at the table below shows, the pill is clearly considered more potentially harmful than IUD's, about a third or more of each group saying the former can be harmful. Among teachers this goes up to half.

"Do you believe intra-uterine devices or birth control pills can be physically or psychologically harmful or immoral?"

- % who say Yes.

		Exec	Phys	Frmr	Secy	Tchr
PHYSICALLY HARMFUL	Pill	33%	30%	37%	37%	51%
	IUD	18%	27%	28%	29%	28%
PSYCHOLOGICALLY HARMFUL	Pill	6%	6%	20%	10%	13%
	IUD	4%	5%	19%	9%	9%
IMMORAL	Pill	3%	2%	16%	5%	4%
	IUD	3%	4%	22%	7%	6%
(No.)		(509)	(775)	(422)	(664)	(432)

*There are some differences in the numbers who answered the various parts of this question; numbers given are the lowest in each case.

- "Do you smoke cigarettes?"
- "Are you an ex-smoker?"

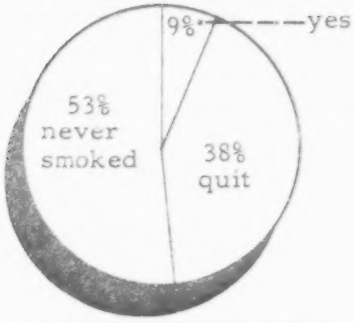
Executives (488)

Garment Workers (557)

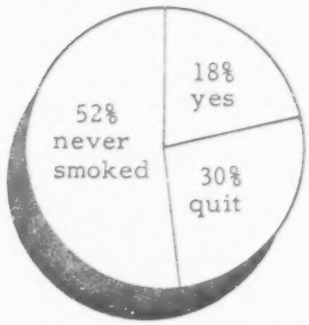
Physicians (726)

Secretaries (698)

Farmers (651)



Teachers (433)



Note: The figures for those who have "never smoked" were arrived at by subtracting the smokers and ex-smokers from all the respondents who answered the questions on smoking cigarettes.

The survey explored four areas regarding cigarettes. Both the extent and intensity of use, the number of quitters, and attitudes toward the rights of non-smokers. Patterns among the six groups vary significantly on these distinct issues.

Extent of Use

Non-smokers outnumber smokers in all six samples, and by wide majorities, three-quarters or more of all respondents indicating they do not smoke at all. Even so, there are marked differences between the six samples. Among farmers, non-smokers predominate over smokers by nearly a ten-to-one majority. Among physicians they lead by better than six-to-one. Among executives, secretaries and teachers they lead by about four-to-one, with garment workers accounting for the highest percentage of smokers in the study at 24% -- about one smoker to every three non-smokers.

Intensity of Use

A very different pattern emerges when the six samples are compared with reference to the intensity of their cigarette smoking; that is, comparing heavy smokers to light smokers within each group. For purposes of this study, heavy smokers are defined as those who smoke a pack or more per day, and the following data applies only to smokers.

Among garment workers, the light smokers outnumber the heavy by a margin of eight to one. Among physicians and farmers, the two types of smoker are about equal. Light smokers predominate somewhat among teachers, while heavy smokers predominate somewhat among secretaries. Among the executives the predominance of heavy smokers is even more pronounced, where they lead by a margin of about five to two.

Mean number of cigarettes smoked per day (smokers only).

	Exec	Phys	Frmr	GW	Secy	Tchr
	25.7	21.1	19.1	10.8	22.3	18.6
(No.)	(138)	(154)	(91)	(196)	(208)	(144)

In terms of cigarettes smoked per day, garment workers are no longer the "highest" users (as they are when considering extensiveness of smoking) but the lowest: approximately eleven cigarettes per day, or almost half the rate for physicians (21) and secretaries (22), and somewhat less than half the rate for smoking executives, who average 26 cigarettes a day. Farmers and teachers fall in the middle, at about 19 cigarettes per day.

Kicking the Habit

The high number of non-smokers in all six samples does not mean that high percentages have never smoked at all. 60% of the family physicians and about two-thirds of the business executives (64%) have been smokers at one time or another. For all other groups, just under half of the respondents have been smokers at some point in their lives.

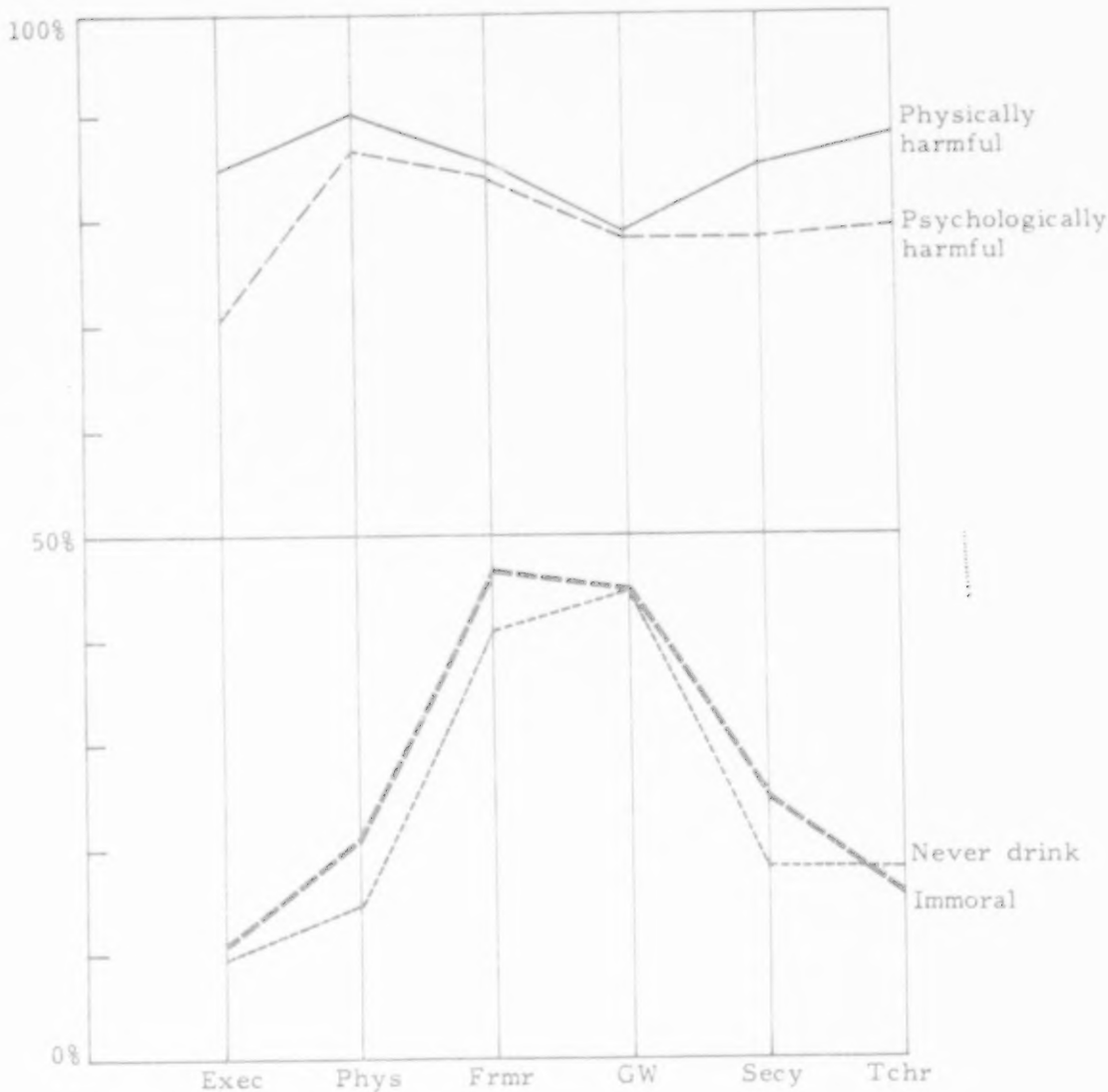
Here again there is an interesting reversal of figures from those just preceding. While executives may be the "heaviest" smokers at 26 cigarettes a day, they are also the most successful at quitting: 53% of the non-smoking executives are ex-smokers. About half of the non-smoking physicians are also quitters. The percent of ex-smokers drops down to 42% for the farmers, 37% for the teachers, 30% for the secretaries, and 26% for the garment

workers. Garment workers, as it turns out, have the largest percentage who have never smoked at all (54%), but also the smallest percentage who have been able or motivated to quit -- possibly because of their low intensity of use-per-day. It is perhaps reasonable that 11 cigarettes per day is not perceived as a health risk in the same way as is the executives' 26 per day. The heavier a smoker one is, the greater the motivation may be to quit.

Two-thirds or more of the garment workers and executives say they recognize the right of non-smokers to ask smokers to put out cigarettes in public places; so do three-fourths of the physicians and secretaries, and about four-fifths of the teachers and farmers. These proportions are roughly equivalent to the non-smokers in each group.

"Do you believe that drinking alcohol can be physically or psychologically harmful or immoral?"

"How often do you drink any alcoholic beverages (including beer and wine)?"



Note; As explained in the accompanying text, the numbers of respondents in any group who answered the various questions involved above differed considerably.

Beliefs

When asked if drinking alcohol can be physically harmful, there is general agreement ranging from 78% of the garment workers who answer yes up to 90% of the physicians.

There is a similar consensus on the potential psychological harmfulness of alcohol, with only a few percentage points separating the six groups.

On the question of the immorality of alcohol, however, there is wide divergence between groups. Only 10% of the executives and 15% of the teachers consider its use immoral, but 45% of the garment workers and 47% of the farmers do so.

Practice

Use of alcohol by respondents in the six groups shows several interesting patterns. There is, first of all, almost no correlation between a belief in its physical harmfulness and avoidance of it. Despite the high levels of agreement on its potential harmfulness, 91% of the executives, 86% of the physicians and 82% of the teachers and secretaries are at least moderate drinkers.

Teetotalers are numerous only among the farmers (47%) and the garment workers (45%), and there is evidence of a connection between avoidance of alcohol and belief in its immorality.

Among those who do drink, there are other marked differences between occupational groups. "Drinking farmers" average only 2.5 drinks a week; "drinking executives" average 6.4; for physicians who drink the average is 4.9 a week and for teachers 4.5. For garment workers and for secretaries the average is 3.4 drinks per week.

Heavy drinkers -- defined as those who take 7 or more drinks a week -- are most prevalent among executives, where they constitute about a third of the sample (32%). They are next most prevalent among physicians (22%) and among teachers (18%). Heavy drinkers among farmers are extremely rare, constituting only 3% of the sample. Twelve percent of the secretaries and only 8% of the garment workers may similarly be characterized as "heavy drinkers."

Mean number of drinks per week (drinkers only).

	Exec	Phys	Frmr	GW	Secy	Tchr
	6.4	4.9	2.5	3.4	3.4	4.5
(No.)	(522)	(737)	(473)	(394)	(683)	(427)

Beliefs

Three-quarters or more of the physicians, farmers, garment workers and secretaries consider marijuana physically harmful, with two-thirds of the executives and teachers agreeing. Slightly larger percentages in every case also consider it psychologically harmful, with farmers in the lead: better than 90% of them believing marijuana to be both physically and psychologically damaging.

On the other hand, only a quarter of the executives consider it immoral -- the same opinion holding for just slightly more of the teachers. A third of the physicians deem marijuana immoral, however, as do about half of the secretaries and nearly three-

"Do you smoke marijuana?"

- % of total respondents

	Exec	Phys	Frmr	GW	Secy	Tchr
YES	7	5	1	2	3	11
USED TO BUT STOPPED	14	8	1	5	6	19
(No.)	(568)	(856)	(817)	(754)	(833)	(527)

quarters of the garment workers and farmers. The potential harmfulness of marijuana, it appears, is primarily a psychological and physical issue for all but the farmers and garment workers, who are also highly concerned about the morality of its use.

Practice

Present use is uniformly low through the six samples, ranging from 1% of the farmers and 2% of the garment workers to 7% of the executives and 11% of the teachers.

These percentages are about half those for respondents who admit to having at least tried marijuana.

As there is evidence of a correlation between avoidance of alcohol and belief in its immorality, there is evidence of some correlation between avoidance of marijuana and belief in its potential for psychological harm.

Respondents to the AAFP Study on Lifestyles and Health were asked only one question regarding hard drugs -- defined as heroin, cocaine, LSD, uppers and downers -- "Have you ever used them?" The answer was a resounding "no" from 95% of the physicians and executives, from 96% of the teachers, from 97% of the secretaries, from 98% of the garment workers, and from 99% of the farmers.

"Have you ever used hard drugs such as ups, downs, heroin, cocaine or LSD?"

- % of total respondents

	Exec	Phys	Frmr	GW	Secy	Tchr
NO	95	95	99	98	97	96
YES	5	5	1	2	3	4
(No.)	(563)	(852)	(801)	(727)	(827)	(524)

"Please check any of the following that you take regularly."

- % of total respondents

Taken regularly by	Exec	Phys	Frmr	GW	Secy	Tchr
ALLERGY PILLS/ ANTIHISTAMINES	11	9	6	10	13	11
PAIN PILLS	2	3	5	16	6	5
NERVE PILLS	1	1	2	10	2	2
TRANQUILIZERS	3	3	2	5	4	3
SLEEPING PILLS	1	1	1	3	1	1
PEP OR DIET PILLS	0	1	0	2	1	1
MOOD ELEVATORS	0	1	0	1	1	1
(CHECKED NONE)	85	84	86	67	77	81
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

Respondents were asked whether they regularly take any of a limited checklist of pills, including tranquilizers, pain pills, diet pills and antihistamines (See table opposite page).

Over 80% of four groups do not; but 23% of the secretaries and 33% of the garment workers take at least one type regularly.

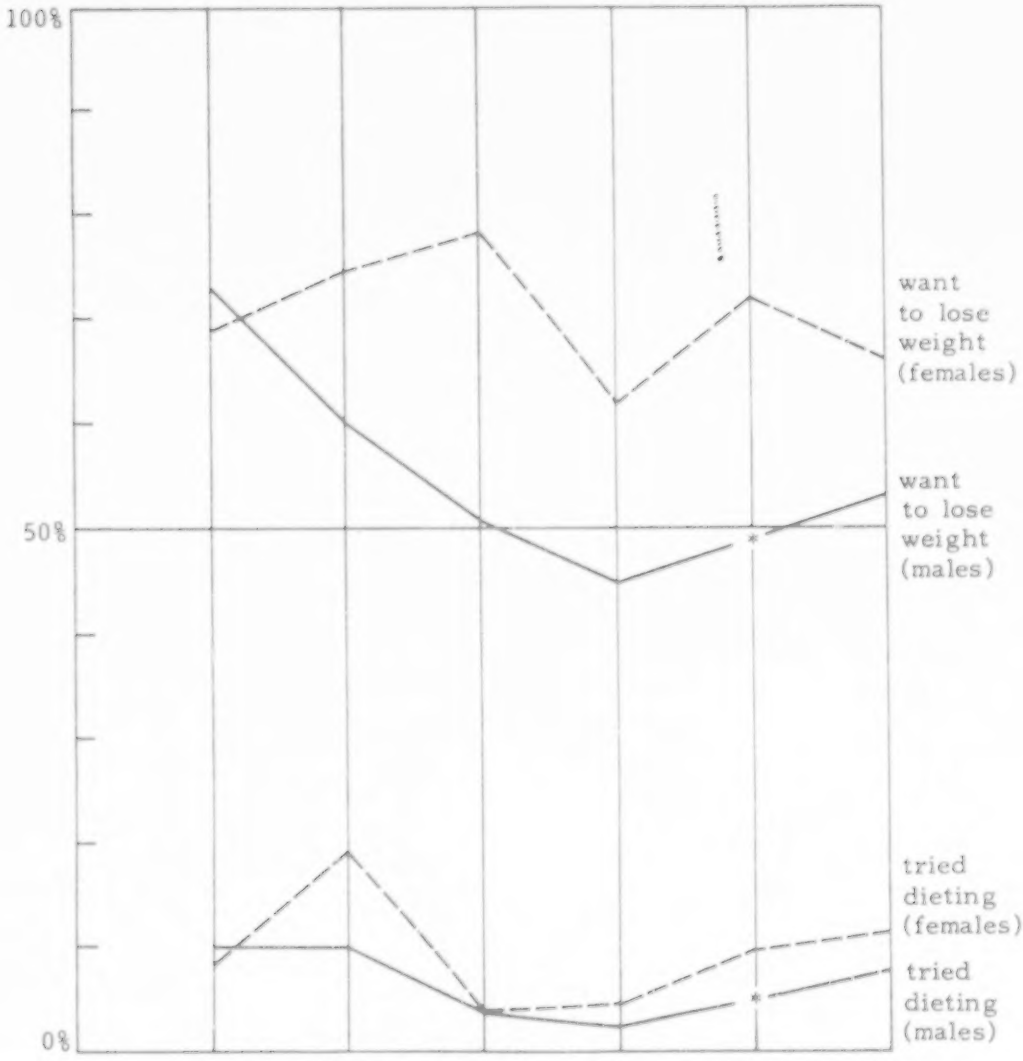
Antihistamines or allergy pills are the one type used more or less equally by all six groups, ranging from 6% of the farmers to 13% of the secretaries.

No other pill receives more than 6% use by any group except the garment workers -- 10% of whom use nerve pills and 16% of whom use pain pills regularly. For nerve pills this is five times the rate of any other group; for pain pills this is three to eight times the rate of other groups.

Less than 5% of any group use diet pills, tranquilizers, sleeping pills, pep pills or mood elevators on a regular basis.

"How do you feel about your present weight?"

"Have you, in the past six months, followed a specific diet to lose weight?"



	Exec	Phys	Frmr	GW	Secy	Tchr
(No. females)	(62)	(49)	(122)	(604)	(815)	(332)
(No. males)	(501)	(780)	(611)	(97)	---	(175)

*There were no males in the sample of secretaries.

Almost 2/3 of the respondents in each group want to lose weight; of these, almost half would like to lose 10 pounds or more. Farmers appear to be the most content with their weight (46%), executives (25%), and secretaries (26%) the least content. It should be noted, however, that dissatisfaction with weight is considerably higher among women than among men for all groups except executives.

For farmers the split between males and females is much greater; while about half the male farmers (47%) are content with their present weight, less than half as many (22%) of the female farmers may be considered so.

Despite the high levels of dissatisfaction with their weight, no more than 10% of any sample group had followed a diet during the six months prior to answering the questionnaire.

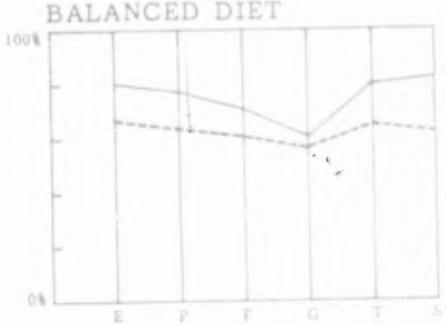
Of those who had tried to lose weight, half or less succeeded. Physicians did best, with some 63% of them reporting success -- though this rate was considerably lower (46%) among female doctors. Least successful in recent diets were garment workers (38%), and teachers (39%), though male teachers did slightly better (45%).

"Which of the following do you believe are necessary for a healthy diet?"

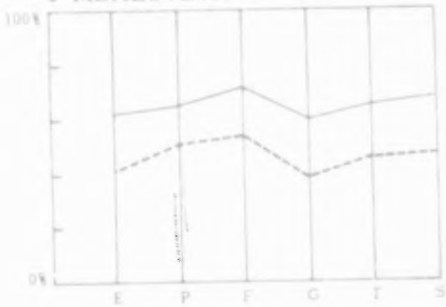
"Do you follow any of these practices?"

- % of total respondents.

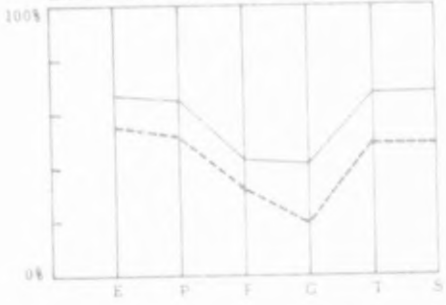
BALANCED DIET



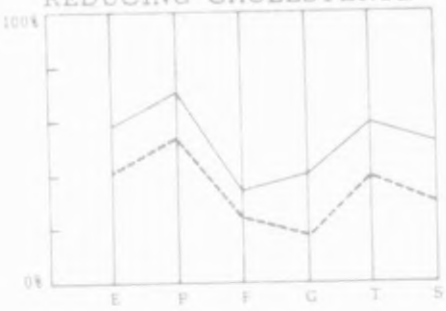
3 MEALS/DAY



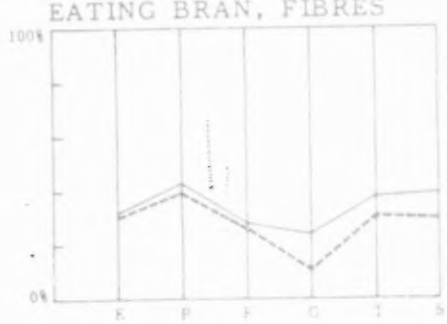
CONTROLLING SUGAR



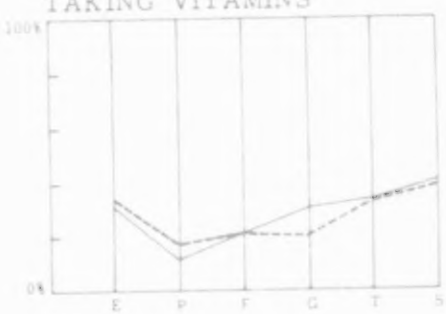
REDUCING CHOLESTEROL



EATING BRAN, FIBRES



TAKING VITAMINS



Note: Figures used were %'s of total respondents in all cases. Since some who "follow" may not be among those who "believe necessary," the apparent gap between belief and practice (among believers) may actually be greater than indicated.

Dieting to lose weight is only one way in which eating affects general health, and nutritional questions were therefore considered important for the present study. Respondents were asked about their beliefs and practices with regard to a number of nutritional issues. A summary of their answers appears in the six graphs opposite.

It is interesting to note that more than half of the respondents in all six groups believe in the importance of a balanced diet and of getting three meals a day. Those who feel they actually get a balanced diet are fewer in all six groups; but for all except the garment workers at least a majority manage to do so.

When it comes to getting three meals a day, however, the gap between practice and belief gets wider. Less than half of the executives, teachers, garment workers and secretaries manage to do so.

On the question of controlling one's intake of sugar and cholesterol, both belief and practice drop somewhat. A majority in only four of the six groups indicate a belief in the health value of such steps. About half of the physicians, executives, teachers and secretaries make the effort to control sugar intake, but only a third of the farmers and one-fifth of the garment workers claim to do so.

On the question of reducing cholesterol, only physicians muster a majority who both believe in and practice this aspect of good nutrition.

As to eating bran or other fibres and taking vitamins, less than half of each group believes them necessary to good health. Even so, the percentages who follow the practices are smaller still. When it comes to vitamins, we find an instance of practice outdistancing belief, with more of both physicians and executives taking vitamins than say they really believe in their importance to good health.

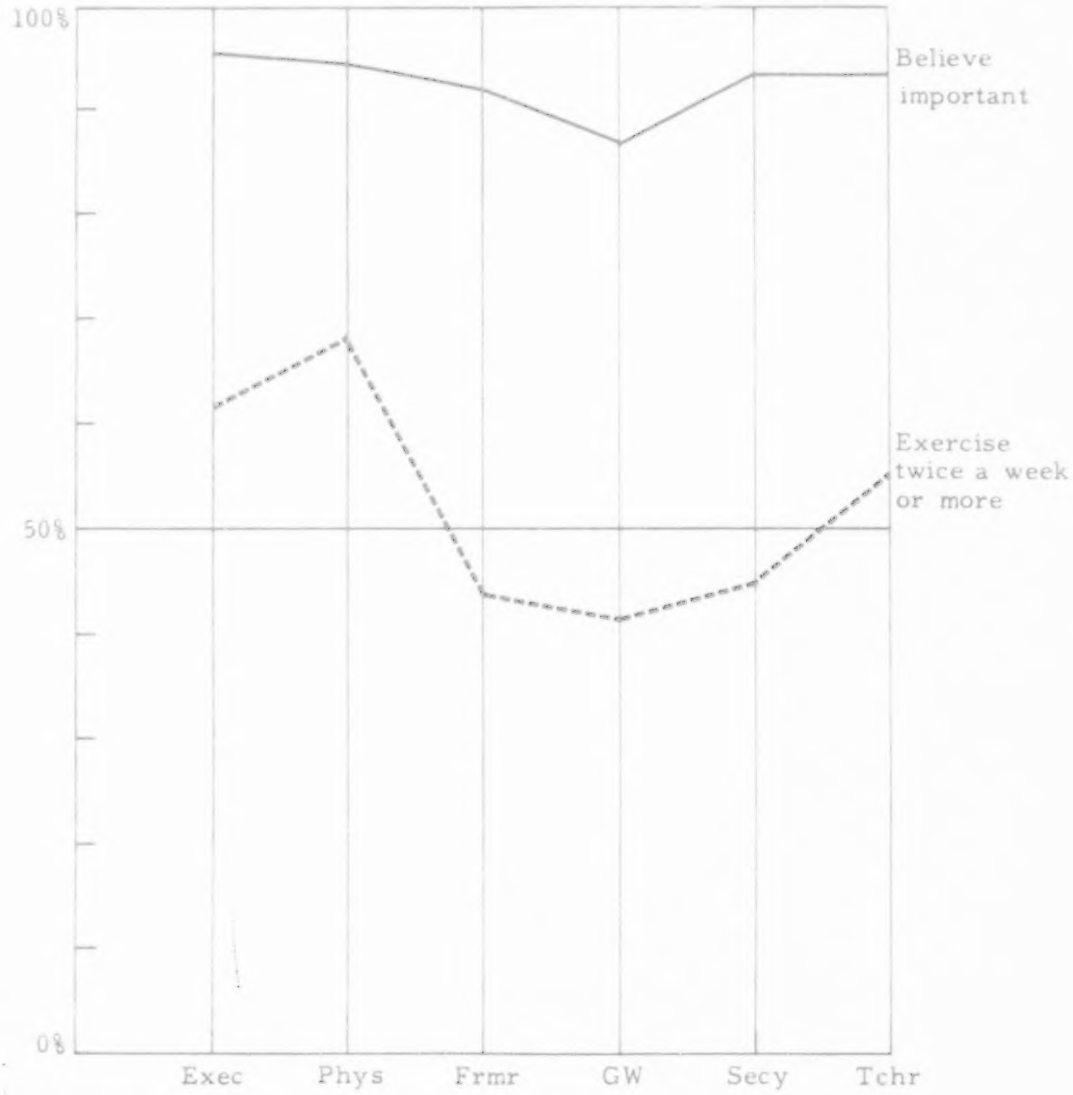
A number of further observations may be made about the information contained in these tables. Throughout, it is clear that garment workers have the poorest nutritional habits of the six groups. Moreover, the gap between their beliefs and their practice is consistently the widest -- less than half as many, often as not, claiming to follow such nutritional practices as are believed important to good health.

It is also interesting to note that farmers are the most convinced of the value of 3 meals a day; beyond this, they are second only to the garment workers in doubting the wisdom of current nutritional beliefs. Indeed, they are the group least convinced of the necessity of reducing cholesterol.

Physicians, it should also be noted, are the least convinced of the nutritional value of vitamins. Executives believe relatively strongly in a balanced diet, controlling sugar, reducing cholesterol and getting bran or fibre, but they are second only to the garment workers in failing to get three meals a day.

"Do you believe exercise is important to your health?"

"How often do you engage in physical exercise outside of work?"



% of total respondents

Belief in the importance of exercise to good health is nearly unanimous, ranging from 86% of the garment workers to 95% of the physicians. Only 3% of the garment workers say that exercise is not important; the remaining 11% say they are not sure. Only 1% of the physicians, executives, teachers or secretaries are ready to say "no" to the question on exercise, making this the health issue on which there is far and away the least disagreement.

Nonetheless, less than half of the farmers, garment workers and secretaries and only slightly more than half of the teachers claim to exercise twice a week or more. About 2/3 of the doctors and executives claim to do so.

When asked to indicate which types of exercise they actually engage in, all six groups are in agreement on the number one activity: walking. Walking is two to three times as popular as any other form of exercise.

The second most popular form of exercise varies from group to group. For physicians, it is jogging; for executives and teachers, calisthenics. For farmers it is their work itself. For garment workers as for secretaries, the second most popular form of exercise is dancing.

"What types of exercise do you do?"

- % of total respondents for exercise reported by 20% or more in each group.

Executives (502)
(59%) WALKING
(30%) CALISTHENICS
(30%) JOGGING
(28%) GOLF
(25%) TENNIS
(20%) SWIMMING

Garment Workers (618)
(61%) WALKING
(20%) DANCING

Physicians (781)
(59%) WALKING
(27%) JOGGING
(22%) BICYCLING
(22%) SWIMMING
(21%) GOLF

Secretaries (819)
(66%) WALKING
(28%) DANCING
(27%) CALISTHENICS
(21%) BICYCLING

Farmers (616)
(60%) WALKING
(46%) WORKING

Teachers (333)
(66%) WALKING
(30%) CALISTHENICS
(26%) BICYCLING
(24%) SWIMMING
(24%) DANCING

NOTE: Because of significant differences between men and women on this question, the figures above are for "men only" among the executives, physicians and farmers; for "women only" among garment workers, secretaries and teachers.

Full data on this question will be found in Appendix G.

If a 20% response rate is taken as an arbitrary cut-off point (i.e., 20% or more of the respondents indicating their involvement in a given form of exercise), executives appear to get the greatest variety of physical activity. They checked off 6 forms of exercise, as noted in the preceding table. Farmers and garment workers get the least variety, 20% or more of them checking only two activities. Physicians and teachers followed close upon the executives at 5 each, with secretaries indicating substantial involvement in four forms of exercise.

As a glance at the accompanying lists of favored forms of exercise for each of the six occupational groups indicates, certain activities cut across the samples, others do not. Physicians, teachers and secretaries enjoy cycling, executives, teachers and secretaries enjoy calisthenics. Swimming appeals to physicians, executives and teachers, dancing to teachers, garment workers and secretaries.

Tennis shows up on one list only, that of the executives. Golf and jogging are indulged in by 20% or more of only the physicians and executives. A certain amount of faddishness may account for some of these patterns, economic considerations may account for others. The presence of dancing on the lists of all three groups which are primarily female may also suggest a gender-based preference.

It may also be worthy of note that "team sports" are not popular with any of the six groups under study -- an 8% response rate from teachers being the highest.

The survey asked three questions about crime: had the respondent ever been the victim of a serious crime such as robbery, burglary or assault? Had he or she reported the crime, and was fear of crime a problem in the home?

Physicians (29%) have suffered the highest rate of victimization, garment workers (12%) and farmers (15%) the lowest. About one-quarter of the teachers and executives have been victims of serious crimes, as have a fifth of the secretaries. 90% or better of all victims in each group say they reported the crime.

It is interesting to note that while garment workers have least often been the victim of serious crime, they are the group most likely to say that fear of crime is a home problem (see Appendix D).

"Have you ever been the victim of a serious crime such as robbery, burglary or assault?"

- % who say yes

	Exec	Phys	Frmr	GW	Secy	Tchr
VICTIM	23	29	15	12	20	23
(No.)	(578)	(866)	(833)	(774)	(844)	(529)

Respondents were asked if they considered themselves religious, and they were also asked about the frequency with which they attended religious services.

85% of the farmers identify themselves as religious, putting them in the lead; they are followed by the secretaries (80%), and the garment workers (77%). Those least inclined to identify themselves as religious are the teachers (61%) and the executives (62%). 70% of the physicians say they are religious people.

Smaller percentages in all six groups get to services more than once a month, however: less than half of the teachers and executives (43% and 46% respectively), slightly over half of the physicians (53%) and secretaries (55%), and about two-thirds of the garment workers (62%) and farmers (66%). A quarter of the teachers say they never attend religious services (26%), as do about a fifth of the executives (19%), 17% of the physicians, 15% of the garment workers, 13% of the secretaries and 7% of the farmers.

- However widely the virtues of a balanced diet and three meals a day are believed in, these practices are actually followed by smaller numbers of respondents in each of the groups surveyed.

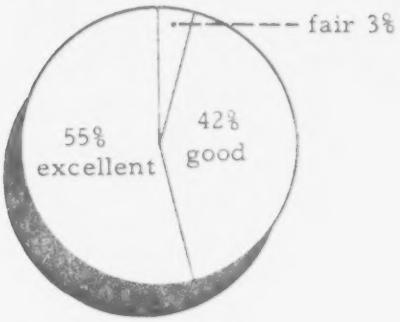
- Many participants want to lose weight; yet many of them admit to eating as a means of coping with stress.

- Almost all respondents acknowledge the physical harmfulness of alcohol, yet most of them drink, at least moderately; and 19% of executives, 17% of teachers, and 15% of doctors -- the three groups with the largest number of "heavy drinkers" -- see drinking as related to stress: a "means of coping."

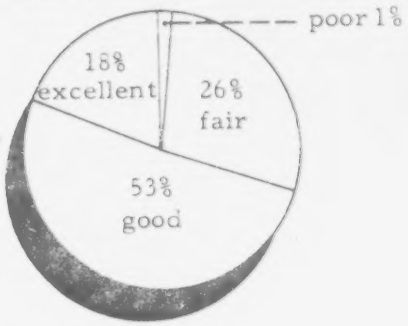
Stress on the job is a very common experience, but is not seen as a reason for talking with a physician, clergyman or therapist. Likewise, the desire to lose weight is not matched by the practice of dieting, nor is it seen as a reason for consulting a physician. As there is a gap between belief and practice in a variety of health-related lifestyle patterns, so there seems to be limited recognition of the connections between work-related stress and health in general.

"In general, how good is your health?"

Executives (579)



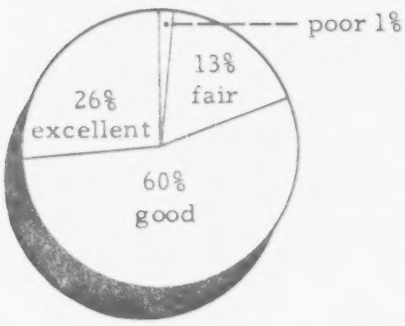
Garment Workers (778)



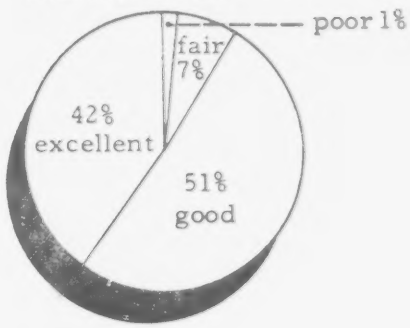
Physicians (866)

Secretaries (840)

Farmers (835)



Teachers (532)



In this chapter are detailed some of the health and health-care patterns of the six occupational groups who participated in the study.

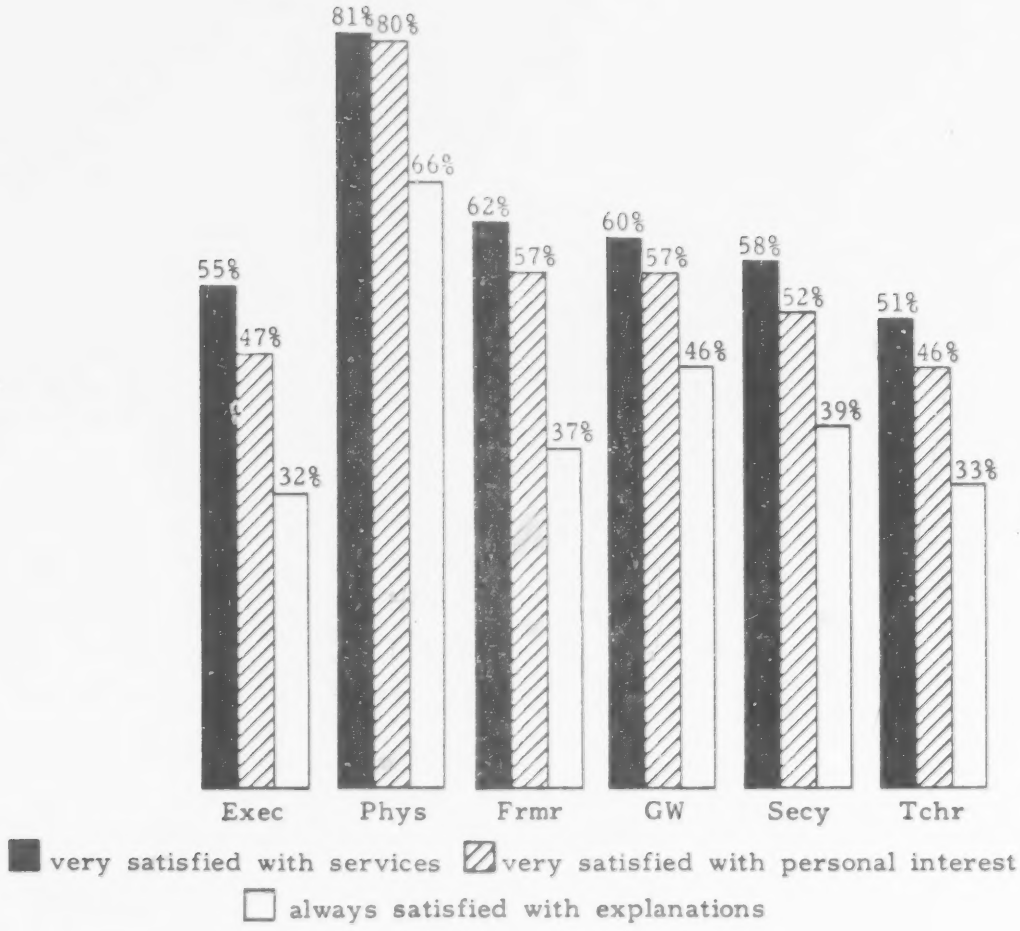
Respondents were asked to assess their own health. They were also asked about their relationships with their doctors, and to indicate both major and minor medical problems they have had.

Health Assessment

A majority of both physicians and executives see their health as excellent. A smaller proportion of secretaries and teachers (42%) share this estimate of their own well-being. Only a quarter of the farmers are so positive, and less than a fifth of the garment workers. As the mean age of the farmers is 58, their reserve is somewhat understandable; but since 60% say their health is good, if not excellent, only one in seven of the farmers claims to be in fair or poor health -- about half the number who say their health is excellent.

Only among garment workers is fair or poor health (30%) more predominant than excellent health. Among the remaining groups fair or poor health characterizes less than a tenth of the sample -- ranging from 8% of the teachers down to 3% of the executives.

- "If you have a physician, how satisfied are you with his/her services?"
- "How satisfied are you with his/her interest in you as an individual?"
- "Do you feel that your doctor sufficiently explains details of diagnosis and treatment?"



Better than three-fourths of all the respondents report having a personal physician, except the doctors themselves, where the number drops to slightly better than half. About 80% of the executives and garment workers say they have a personal physician, and for secretaries and farmers this rate increases to about 90%, the teachers in between (85%).

Similar or somewhat better percentages report having had a medical exam in the last five years, with the physicians still lagging behind the other groups by seven to 14 percentage points.

Reasons most frequently cited by doctors for not having a personal physician include being in excellent health and serving as one's own physician.

Satisfaction with the Physician

When asked if they are satisfied with their doctor's services, personal interest and explanations, a majority of all six groups say they are very satisfied on the first point. Somewhat less than half of the executives and teachers report being very satisfied on the second point.

On the third point -- satisfaction with the doctor's explanations -- only the physicians themselves can muster a majority who are always satisfied. For executives and teachers, the number drops to a third; and one-quarter of the executives and garment workers say they are never or rarely satisfied with the doctor's explanations. Sixteen percent of the farmers, 17% of the secretaries, and 21% of the teachers share this dissatisfaction, though only 5% of the physicians themselves do so.

When these three aspects of medical care are correlated, the highest correlation is between the doctor's services and the personal interest he shows in the patient -- suggesting the greater importance of a warm, trusting relationship than of satisfactory explanations of diagnosis or treatment.

Participants were asked if they had ever had any of a number of serious medical difficulties, and also if they had suffered during the preceding month from any of a number of more common maladies.

Among serious problems (see table, next page), allergies are the most frequently cited by five of the six groups -- lowest among farmers (15%), highest among teachers (27%) and secretaries (32%), but also experienced by 18% of the garment workers, and 21% of the physicians, and 24% of the executives.

Among garment workers, migraine headaches (20%) seem slightly more prevalent than allergies.

For physicians and farmers, heart disease is the next most frequent problem (10 and 12% respectively). For teachers (13%), secretaries (21%) and executives (7%), migraine headaches are the second most frequent serious ailment.

Secretaries seem to have had the highest incidence of cancer (6%), farmers the highest incidence of diabetes (6%). These ailments were reported by less than 5% of the remaining samples, and no more than 3% of any sample indicated problems with emphysema, stroke, epilepsy, alcoholism or drug abuse. Forty-two percent of

"Have you ever had any of these medical problems?"

- % of total respondents

	Exec	Phys	Frmr	GW	Secy	Tchr
ALLERGIES	24	21	15	18	32	27
MIGRAINE HEADACHES	7	8	7	20	21	13
HEART DISEASE	5	10	12	5	3	3
CANCER	3	3	4	4	6	2
DIABETES	3	3	6	3	2	4
ALCOHOLISM	2	2	1	1	1	3
EMPHYSEMA	0	1	3	1	1	0
EPILEPSY	1	1	1	0	1	1
DRUG PROBLEMS	0	1	1	1	1	1
STROKE	0	1	1	1	0	0
OTHER	12	15	8	10	18	13
(CHECKED NONE)	55	51	55	54	42	51
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

the secretaries and more than half of all the other respondents report they have never suffered from any of the difficulties on this list.

Larger numbers report difficulties with lesser ailments, however, when asked about their health during the month preceding the survey.

Less than one-fourth of the secretaries report total freedom from a selected list of minor complaints (see table next page). Forty-two percent report headaches, 38% report muscle aches, 35% anxiety/nervousness, 25% backaches.

Garment workers in considerable numbers suffer the same complaints, about one-third reporting each of them. A third of the teachers, as well, cite muscle aches and tension, headaches and anxiety, with 22% citing backaches.

A quarter of the business executives say muscle aches and headaches troubled them during the preceding month, about a fifth reporting backaches as well and somewhat fewer suffering from anxiety/nervousness.

"Have you had any of these problems in the last month or so?"

- % of total respondents

MEDICAL PROBLEMS (Past Month)

	Exec	Phys	Frmr	GW	Secy	Tchr
MUSCLE ACHES, TENSION	23	19	26	35	38	31
HEADACHES	25	17	18	34	42	32
BACKACHES	20	18	20	32	25	22
ANXIETY/ NERVOUSNESS	16	14	12	32	35	32
DEPRESSION	7	9	4	17	19	16
CONSTIPATION	6	4	5	16	16	14
INSOMNIA	7	9	4	12	11	11
(CHECKED NONE)	47	53	48	29	24	32
(No.)	(584)	(872)	844)	(794)	(846)	(533)

Farmers indicate the same rate of backaches (20%), somewhat greater difficulty with muscle aches and tension (26%), and less difficulty with headaches and nervousness.

Family physicians seem least troubled by these four problems, the numbers reporting them ranging from 14 to 18% of the respondents. Overall, physicians were the only group from which a majority could say they suffered "none of the above" complaints during the preceding month.

Anxiety/nervousness was twice as prevalent among the predominantly female occupations as among those predominantly male. Depression and constipation were also two to three times more prevalent among the women. Headaches, too, were almost twice as frequent for them as for the men; and muscle aches and tension also showed an increase among the female samples.

Stress-Related Health Problems

Are there physical problems which seem directly correlated with stress on the job or at home? The findings of this study suggest there are; and that they vary from occupation to occupation, in degree as well as in kind. The following examples are of particular note.

Allergies

Respondents who report one or more job stress factors also tend to report higher incidences of allergies than those who report no stress factors. For executives, susceptibility to allergies doubles as reported stress factors increase from none to one or more (from 13% to 25% or better). Among farmers, the rate of allergy complaints nearly doubles as reported stress factors increase from one or two or more (from 13% to 23%). Among garment workers, 14% suffer from allergies among those who report no job stress factors; this increases to 20% among those who report one, and increases to 26% among those who report two or more stress factors as conditions of their workplace.

Measurable increases in the incidence of allergies for all six groups also show up among those who indicate one, two, or more home problems as compared with those who indicate none, the rate of increase ranging from 4% for the farmers to 13% for the teachers and secretaries.

While the samples in some cases are too small to be conclusive, the present study suggests the value of further research into psychological stress factors as significant elements in the occurence of allergies.

Migraine Headaches

As with allergies, migraine headaches are reported with greater frequency by those who report one, two, or more job stress factors or home problems than those who report none. The increases are more consistent in the case of migraine, incidence of such headaches doubling among most groups as the number of reported stress factors and home problems increases from zero to two or more.

Farmers constitute an exception here, insofar as an increase in the reported number of home problems does not alter the frequency rate of migraines among the group. For teachers, on the other hand, the increase of home problems seems to be accompanied by a tripling of the rate of migraines; and among executives an increase in the number of job stress factors appears to be accompanied by a quadrupling of the frequency of such headaches.

Once more it should be repeated that the numbers of respondents represented in these samples, given the nature of the cross-tabulations involved, are too small to justify fixed conclusions; nonetheless, the present findings do suggest a trend which would reward further investigation.

Minor Ailments

As might be expected, when the number of job stress factors are related to such physical problems as anxiety/nervousness, depression, insomnia, backaches, muscle aches and headaches (as experienced by participants in the month preceding the study), similar or even more marked correspondences appear.

Among executives, the most marked increases are in muscle aches and nervousness/anxiety; and among the physicians the same two difficulties seem to serve as chief indices of increased job stress.

Among farmers, these indices are headaches and nervousness/anxiety; among teachers, anxiety/nervousness and muscle aches.

For garment workers and secretaries, the increased incidence of anxiety/nervousness is most marked, followed by headaches.

For all six groups, when the relation is checked against home problems rather than job stress, the leading or secondary correspondence is with depression -- nervousness/anxiety being the common thread throughout.

Integrated Approaches to Healthy Living

As the degrees of stress experienced at work and at home vary from each other for each of the six groups studied, so do the means by which people cope with stress and the patterns of health care they pursue.

Among the coping mechanisms respondents identify as related to stress are practices detrimental to health (smoking, for example) as well as practices considered beneficial (exercise, for instance). And while it is sometimes assumed that health-conscious people do all the right things in a wide range of areas to stay in good physical shape, this does not appear to be the case among participants in this study. The opposite picture, in fact, emerges.

There appear to be few instances of strong correlation between programs of exercise or good nutrition, for example, and other aspects of lifestyle which might be considered beneficial to health. Comparison of answers to questions about nutritional practice, exercise and frequency of medical examinations, for example, yield little or no correlation. Nor is there any significant relationship between increased exercise rates and the degree of abstinence from alcohol.

It is true that among physicians, executives and farmers, there appears to be less smoking among those who exercise fairly frequently (twice a week or more); but the same cannot be said for teachers, garment workers or secretaries.

Here, as elsewhere, each occupational group tends to present a different pattern even while it remains clear that among all six groups there is need for stronger efforts toward integration of health care practices and lifestyles. Ways must be found to help individuals in all groups come to terms with stress through means which are more consistently beneficial to physical and psychological well-being.

APPENDICES AND METHODOLOGY

"If you find your job stressful, which of the following contribute?"

- % of total respondents

JOB STRESS FACTORS	Exec	Phys	Frmr	GW	Secy	Tchr
WORKLOAD	45	49	21	11	48	38
DEADLINES	58	25	15	8	46	27
SALARY	13	6	10	25	16	24
SUPERIORS	33	3	7	15	22	24
CO-WORKERS	10	7	4	8	12	9
QUOTAS	15	6	4	9	4	5
JOB INSECURITY	9	2	3	8	3	11
OTHER	9	14	4	3	4	14
(CHECKED NONE)	12	24	54	45	20	23
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

JOB UNHAPPINESS FACTORS — APPENDIX B

"If you are unhappy with your job, which of the following contribute?"

- % of total respondents

JOB UNHAPPINESS FACTORS	Exec	Phys	Frmr	GW	Secy	Tchr
LACK OF APPRECIATION	13	5	8	17	15	24
SALARY	9	5	8	22	15	19
POOR ADVANCEMENT	9	2	5	15	19	14
WORKING CONDITIONS	2	2	2	11	3	14
PERSONALITY CONFLICTS	8	5	4	5	8	9
BOREDOM	8	5	2	9	11	8
OVERTIME	3	8	3	2	3	4
COMMUTING	7	3	2	5	4	7
INSECURITY	4	2	1	6	3	7
JOB NOT UNHAPPY	19	24	21	19	25	22
OTHER	3	2	2	2	2	5
(CHECKED NONE)	70	79	79	54	64	52
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

"What factor do you consider most important in changing your line of work?"

- % of total respondents

	Exec	Phys	Frmr	GW	Secy	Tchr
HIGHER SALARY	23	10	34	56	33	30
BETTER SELF-FULFILLMENT	51	31	27	18	46	36
GREATER SOCIAL CONTRIBUTION	3	9	6	3	2	5
LESS PRESSURE	10	32	17	14	8	14
MORE PRESTIGE	4	4	3	4	4	5
CHANGE OF LOCATION	6	10	8	5	6	8
OTHER	3	5	5	2	1	3
(No.)	(525)	(637)	(493)	(617)	(767)	(464)

"Do you have any of the following problems at home?"

- % of total respondents

	Exec	Phys	Frmr	GW	Secy	Tchr
MONEY	9	10	12	23	19	22
SPOUSE CONFLICT	19	16	7	8	17	17
SEX DISSATIFICATION	18	14	9	6	14	15
LONELINESS	6	6	4	12	16	12
CHILDREN	9	13	3	7	11	11
FEAR (illness,accident)	4	5	5	15	8	7
FEAR (crime)	2	3	3	10	6	7
PARENTS/IN-LAWS	2	2	3	3	5	6
ALCOHOL/DRUGS	2	2	1	3	4	2
OTHER	3	2	2	3	4	2
(CHECKED NONE)	53	57	66	47	42	45
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

APPENDIX E — COPING WITH STRESS

"Which of the following do you do to cope with stress?"

- % of total respondents

	Exec	Phys	Frmr	GW	Secy	Tchr
TALK TO FRIEND	38	33	35	47	66	64
EXERCISE	48	49	20	12	26	34
EAT	21	22	15	19	30	30
MEDITATE	23	27	20	16	20	17
SMOKE CIGARETTES	19	12	8	17	18	17
ENGAGE IN SEX	19	19	10	4	7	13
ALCOHOL	19	15	2	3	10	17
TAKE IT OUT ON OTHERS	12	10	6	8	10	14
TALK TO PHYSICIAN	2	1	4	7	6	5
TALK TO CLERGY	3	3	5	5	4	4
TALK TO THERAPIST	2	3	1	2	3	4
SMOKE MARIJUANA	3	2	0	1	1	5
OTHER	12	12	6	5	13	12
NONE OF THE ABOVE	10	10	19	13	6	6
(CHECKED NONE)	2	3	12	10	3	2
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

"Do you feel that any of the following can be physically or psychologically harmful or immoral?"

- % who say Yes.

		Exec	Phys	Frmr	Secy	Tchr
MASTURBATION	Phys.	2%	2%	15%	8%	3%
	Psych.	9%	7%	25%	18%	9%
	Imm.	8%	4%	30%	17%	8%
HETEROSEXUAL INTERCOURSE	Phys.	2%	3%	20%	11%	4%
	Psych.	6%	6%	27%	21%	8%
	Imm.	7%	7%	37%	24%	7%
ORAL SEX	Phys.	4%	9%	31%	15%	8%
	Psych.	9%	13%	41%	22%	12%
	Imm.	7%	11%	48%	23%	11%
HOMOSEXUAL PRACTICES	Phys.	14%	23%	45%	31%	16%
	Psych.	56%	54%	70%	65%	47%
	Imm.	48%	48%	79%	64%	40%
EXTRA-MARITAL SEX	Phys.	6%	9%	32%	20%	10%
	Psych.	38%	41%	64%	57%	46%
	Imm.	57%	56%	83%	74%	56%
GROUP SEX	Phys.	9%	19%	47%	39%	21%
	Psych.	46%	52%	72%	73%	54%
	Imm.	61%	62%	88%	87%	63%
(No.)*		(518)	(773)	(454)	(674)	(447)

*There are some differences in the numbers who answered the various parts of this question; numbers given are the lowest in each case.

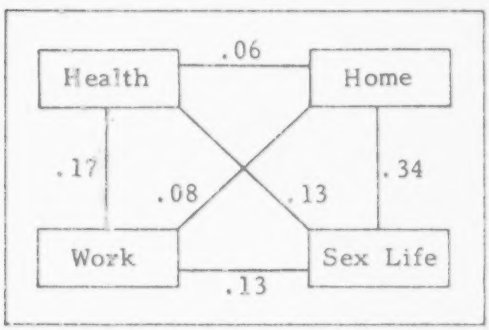
"What types of exercise do you do?"

- % of total respondents

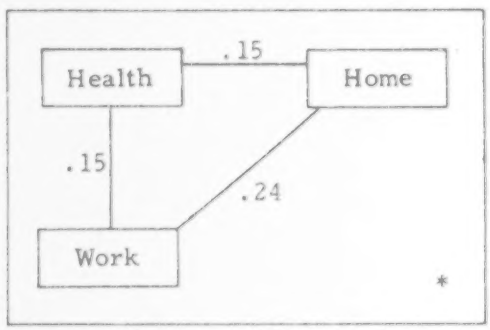
TYPE OF EXERCISE	Exec	Phys	Frmr	GW	Secy	Tchr
WALKING	60	59	60	62	66	62
CALISTHENICS	31	19	10	11	27	28
JOGGING	29	27	5	6	10	21
BICYCLING	18	22	10	9	21	23
SWIMMING	19	21	8	9	17	24
DANCING	14	9	15	20	28	21
TENNIS	25	19	1	3	12	20
STRENUOUS EXERCISE AT WORK	5	12	40	15	3	9
GOLF	26	20	2	2	8	9
WEIGHT LIFTING	9	6	2	1	3	6
TEAM SPORTS	7	5	4	2	4	8
YOGA	2	1	0	1	4	4
KARATE	1	1	0	1	0	1
OTHER	19	22	11	8	17	15
(CHECKED NONE)	2	4	13	18	7	7
(No.)	(584)	(872)	(844)	(794)	(846)	(533)

NOTE: Decimal numbers on this graph and the next are correlation coefficients; the larger the number, the more significant the correlation. A positive correlation means that the presence of one factor tends to imply the presence of the other; the larger the coefficient, the stronger the connection.

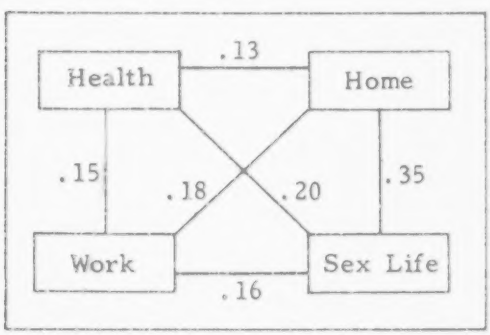
Business Executives



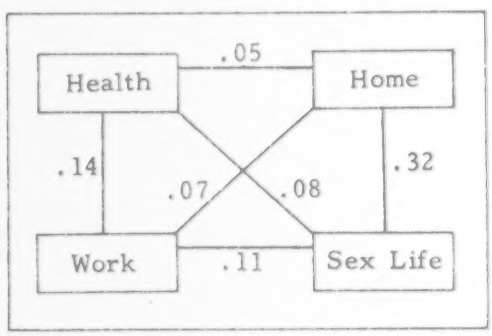
Garment Workers



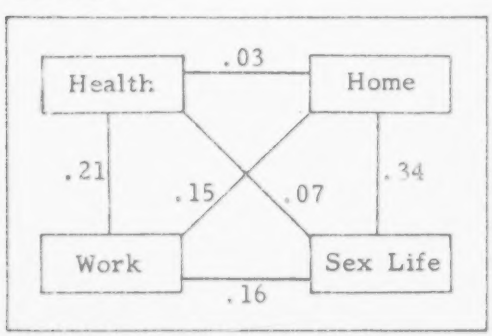
Family Physicians



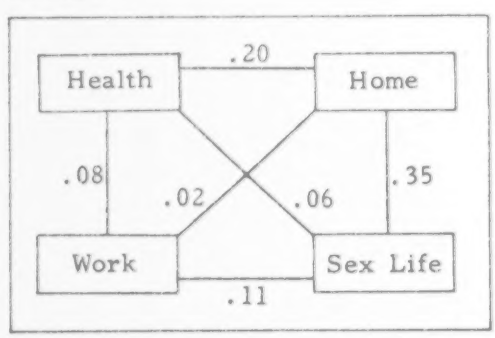
Secretaries



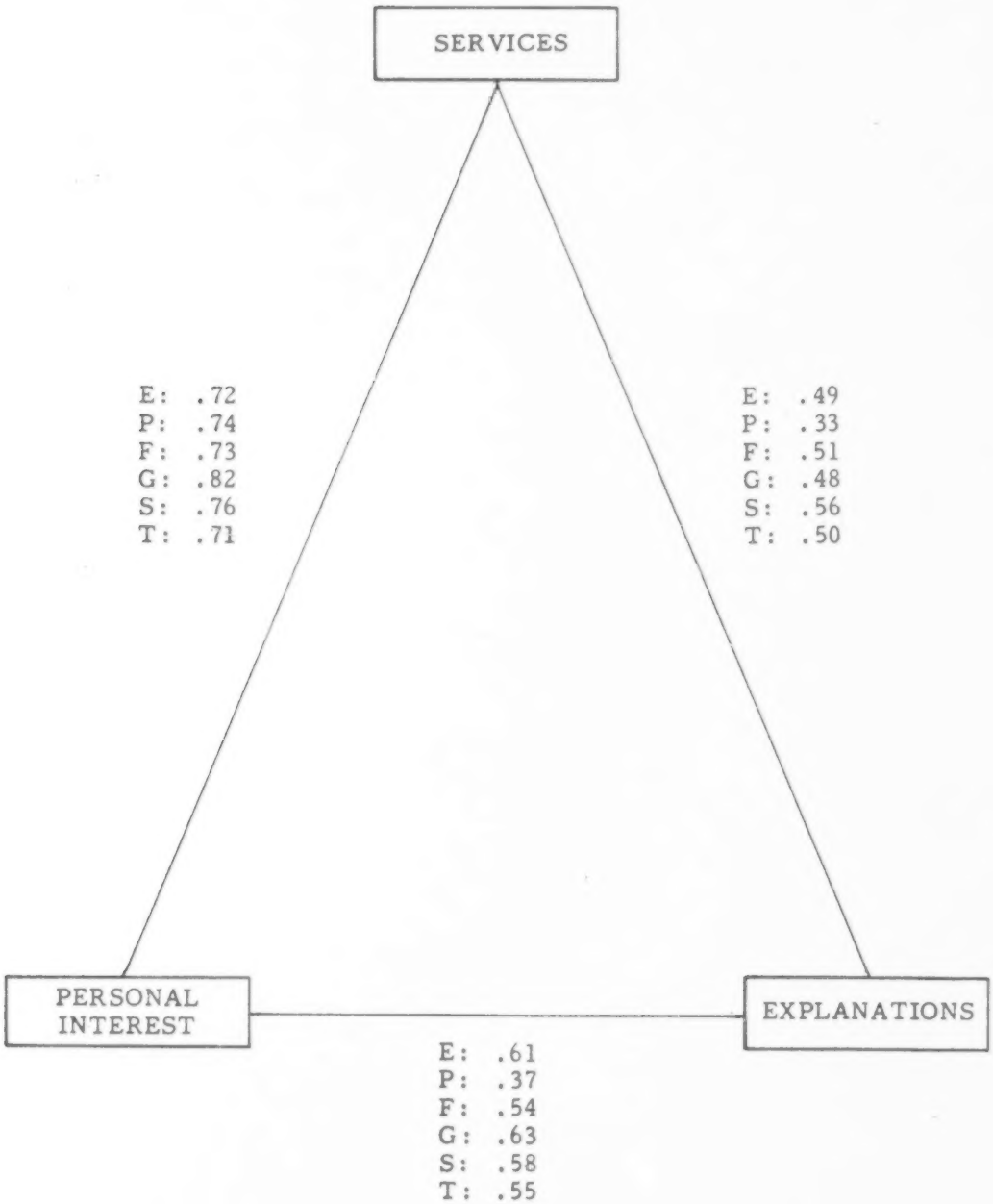
Farmers



Teachers



* Garment workers were not asked the questions on sex at the request of their union.


SERVICES
E: .72
P: .74
F: .73
G: .82
S: .76
T: .71
E: .49
P: .33
F: .51
G: .48
S: .56
T: .50
PERSONAL INTEREST
EXPLANATIONS
E: .61
P: .37
F: .54
G: .63
S: .58
T: .55

In December, 1978 and January, 1979, Research & Forecasts, Inc. sent a 4-page questionnaire to a systematically selected sample of the American members of different occupational groups. The groups sampled were:

American Management Associations -- An association of managers in industry, commerce, government and non-profit organizations, administrators and university teachers of management. 71,000 members.

American Academy of Family Physicians -- A professional society of family physicians, not limited to one field of medicine or surgery, who provide continuing comprehensive care to the patient. 43,000 members.

National Grange -- A fraternal organization of rural families, many of whom are farmers. 500,000 members.

International Ladies' Garment Workers Union -- A union of garment workers. 350,000 members.

The National Secretaries Association (International) -- A professional organization of secretaries. 38,000 members.

METHODOLOGY

American Federation of Teachers -- A union of teachers. 500,000 members. (For this study, only AFT non-university level teachers were mailed questionnaires).

The study sought to survey Americans representing many different walks of life, diverse income levels and educational backgrounds.

The groups also were chosen to give a roughly equal distribution of males and females. Farmers, executives and doctors are mostly male; the secretaries and garment workers are mostly female, as are two-thirds of the teachers.

The 72-question survey instrument was developed by the staff at Research & Forecasts, along with social scientists, leading family physicians and doctors in prospective medicine, statisticians and communications professionals. The questionnaire contained questions on nutrition and weight control, exercise, medical care, work environment, home environment, tobacco, alcohol, marijuana and other drugs, sexual activity and demographics. Many of these, of course, are questions frequently asked by a family physician during a periodic health examination.

The ILGWU requested that the section on sexual activity be deleted from the questionnaire sent to its members.

METHODOLOGY

The questionnaire was mailed out in early December, 1978, followed by a reminder postcard a week later. A second copy of the questionnaire was sent to each sample in early January, 1979.

To obtain a sample size of about 1,500 for each occupational group, Research & Forecasts advised each association on how to derive a systematically selected sample from its membership lists. The size of the association was divided by 1,500, resulting in "N." Then, every "Nth" person was selected from the lists.

The number of returns and the percentage for each organization are shown in the table below:

Association	Sample Size	Number of Responses	Percent
Executives	1341	584	43%
Physicians	1575	872	55%
Farmers	1900	844	44%
Garment Workers	2100	794	37%
Secretaries	1500	846	56%
Teachers	1446	533	36%

Somewhat larger samples of garment workers and farmers were chosen because the sponsoring group cautioned that their members were not prone to answering questionnaires. A test for non-response bias (computer comparison of responses given by early and late respondents) revealed no significant bias.

Basic demographics of the respondents correspond to demographic data for the entire membership of their respective groups, indicating that the sample is an accurate representation of the different association memberships.

Data processing was handled by Calculogic Corporation, New York, which also provided methodological consultation.

Dr. Edward Lehman, Chairman of the Sociology Department at New York University, served as research consultant throughout the formulation and execution of this study.

Consultants in the formulation of the questionnaire and project development also included:

Dr. Jack Hall - Assistant Dean, School of Medicine, Indiana University.

Dr. Ronald Blankenbaker - Chairman, Department of Family Medicine, University of South Florida.

Dr. Charles Ross - President, Interhealth Inc., a subsidiary of Control Data Corporation.

Mr. Lee Kremer - Vice President, Health Systems, Control Data Corporation.

Ms. Carolyn Kuhn - Project Manager of Health Systems, Control Data Corporation.

Dr. Paul Gebhard - Director, Institute for Sex Research, Indiana University.